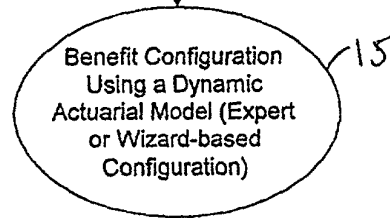
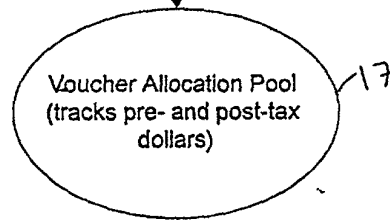
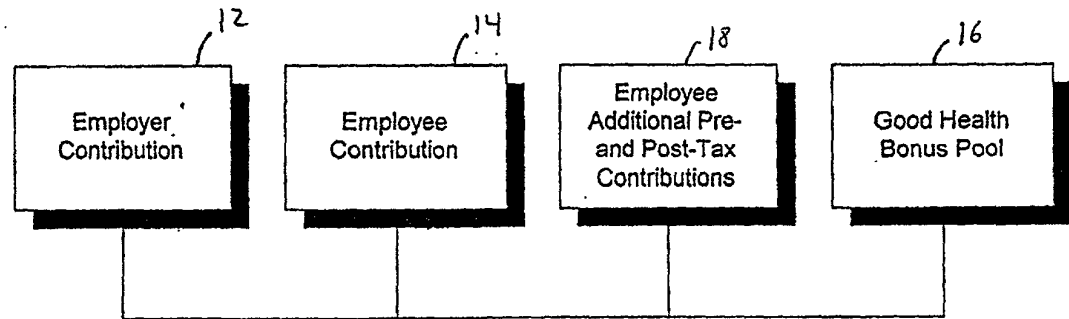


FIG. 1



20

BENEFIT MODULES AND OPTIONS TO CHOOSE FROM					
Health Benefits	Dental Benefits	Life Insurance Benefits	Long Term and Short Term Disability Benefits	Integrated Financial Services	Prevention and Wellness Benefits
FSA Replacement	Charitable Contributions	Medical Services Financing	Disease Management Services	Service Options	Supplemental Benefits
Alternative Medicine	Uncovered Medical Services	TBD	TBD	TBD	TBD

F.16.2

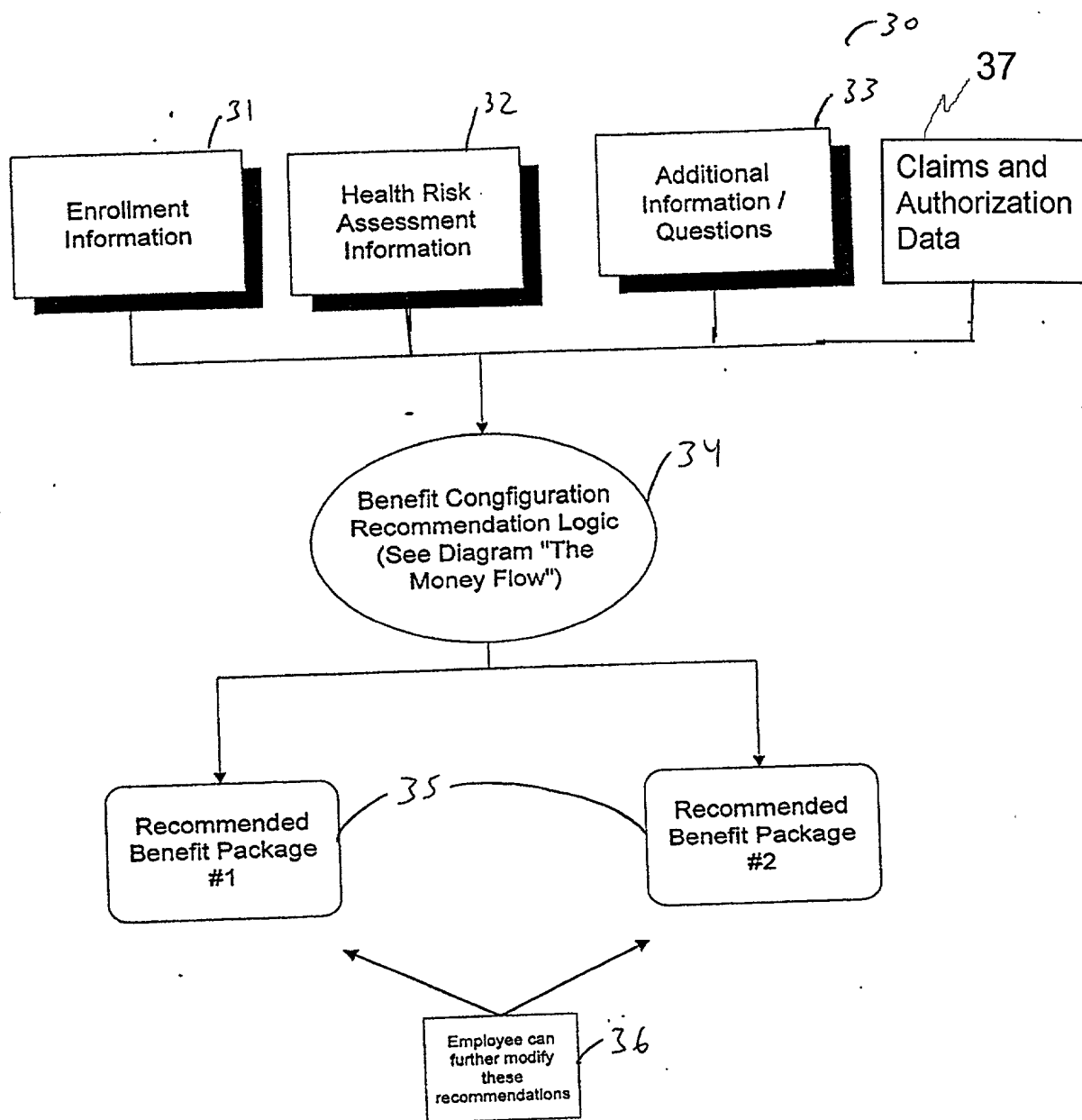


FIG. 3

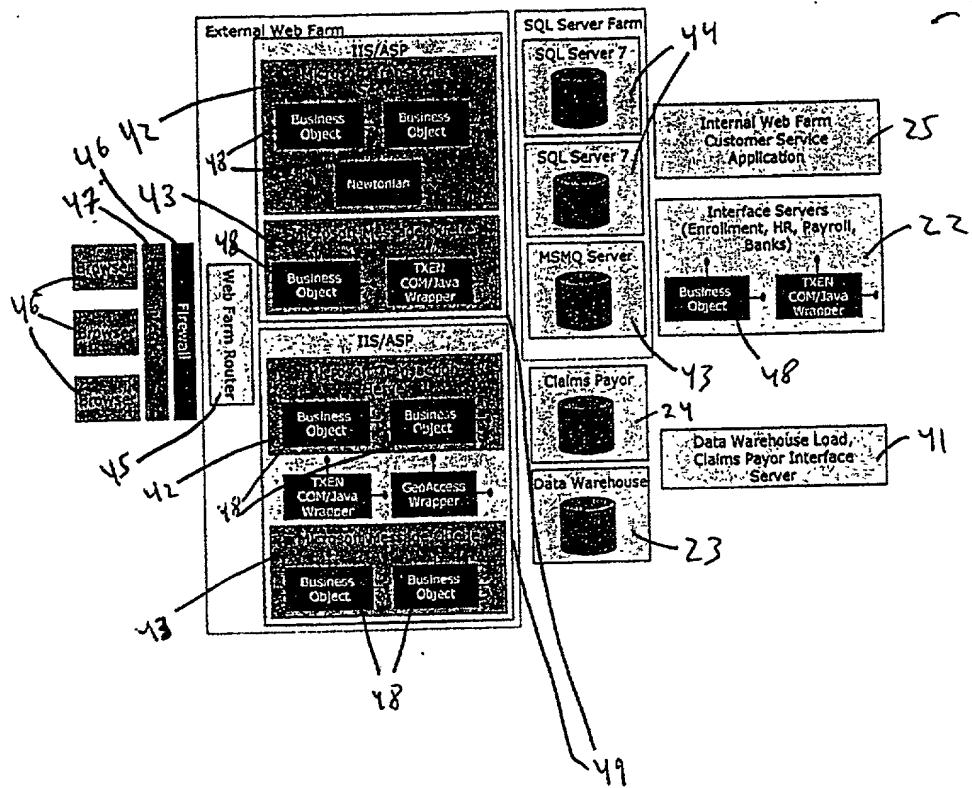
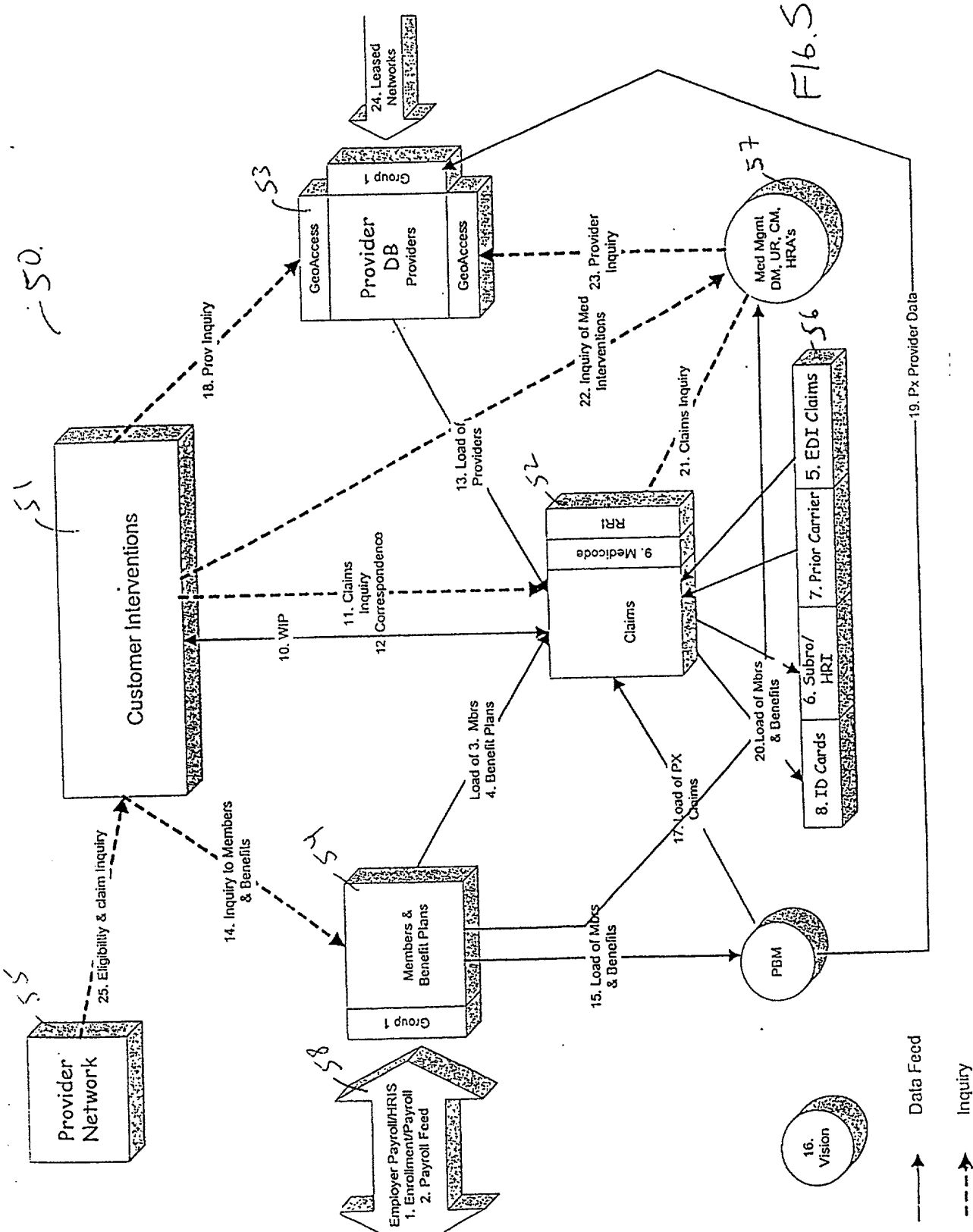


FIG. 4

Copyright 2000 by F16.S



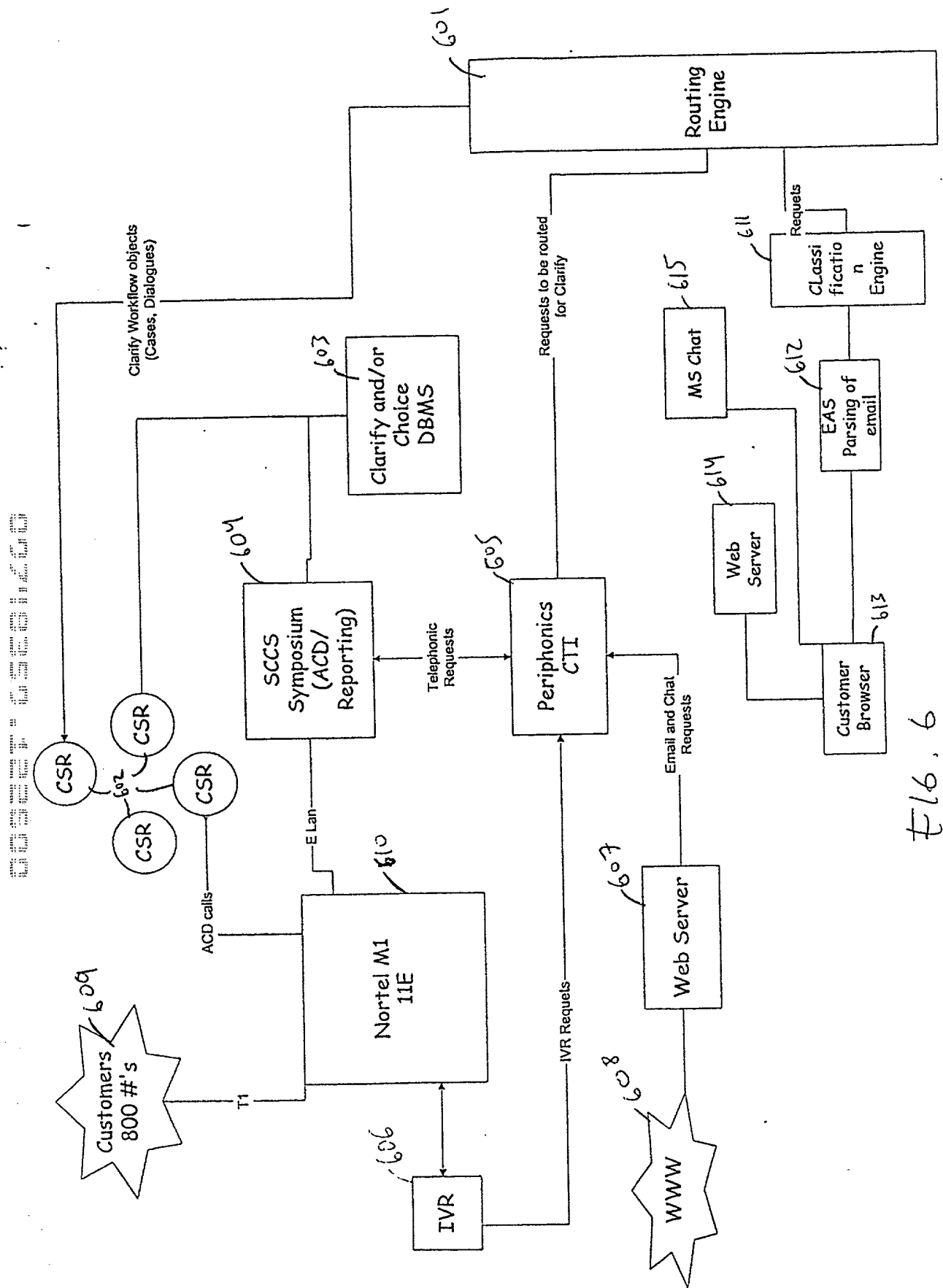
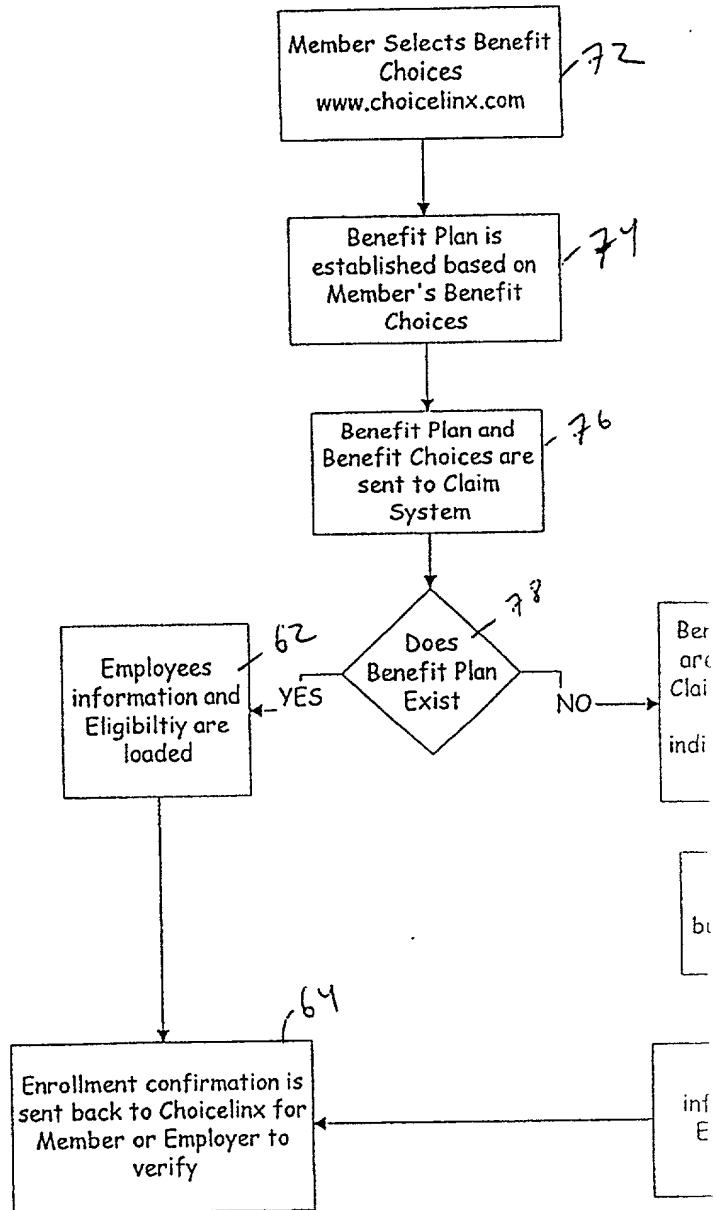
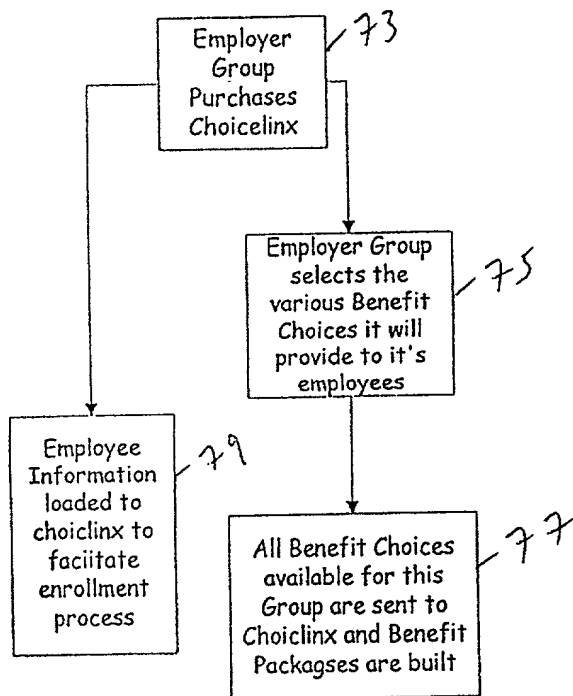
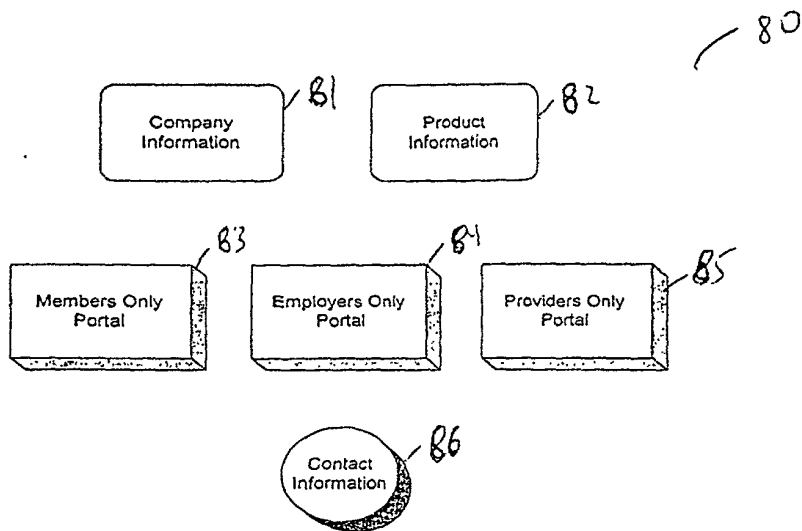
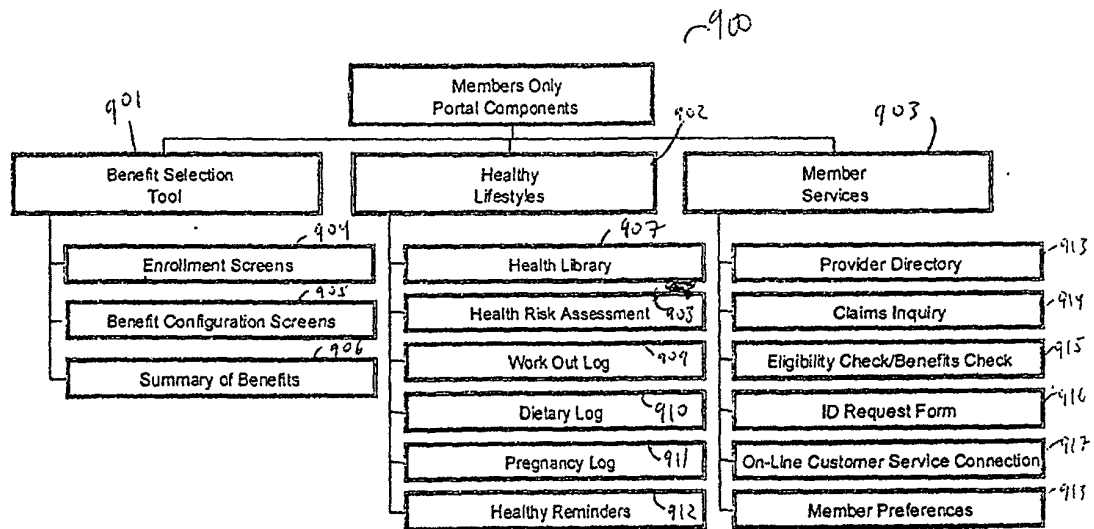


FIG. 6

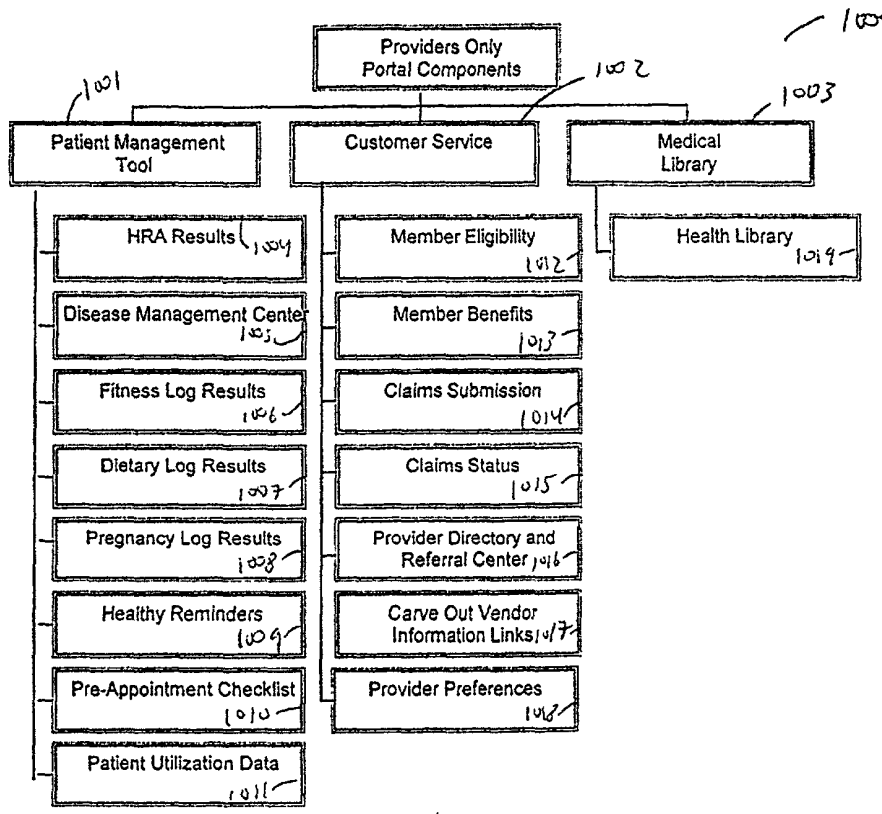




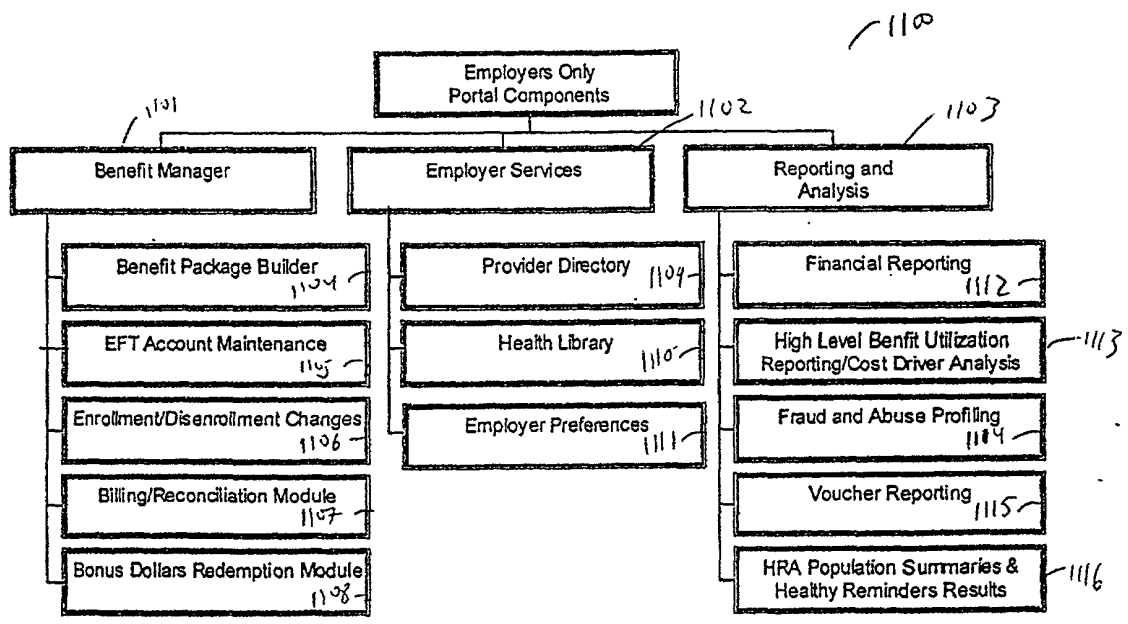
F16.8



F16.9

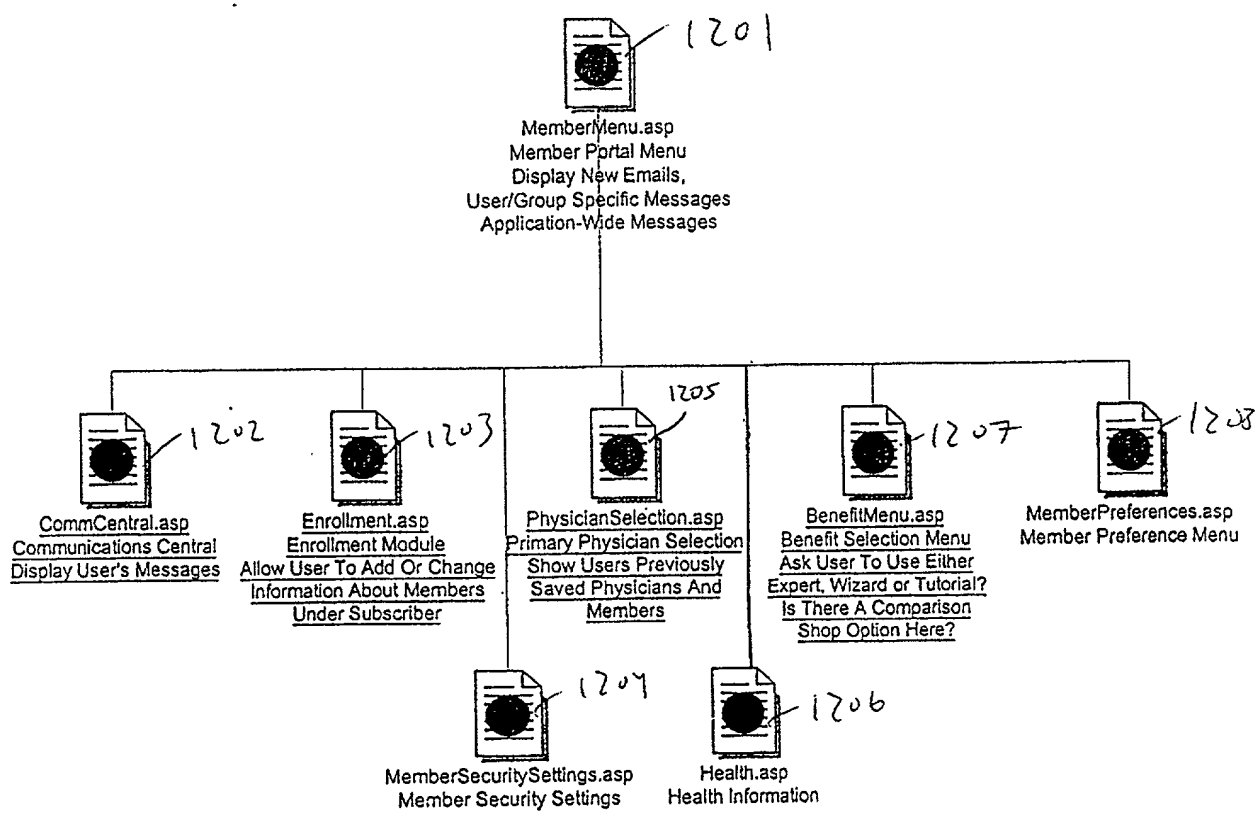


F16.10



F16.11

1200



F16.12

/ 1300



✓ 1301

Any Web Page.asp
Performs Security
Check On Session

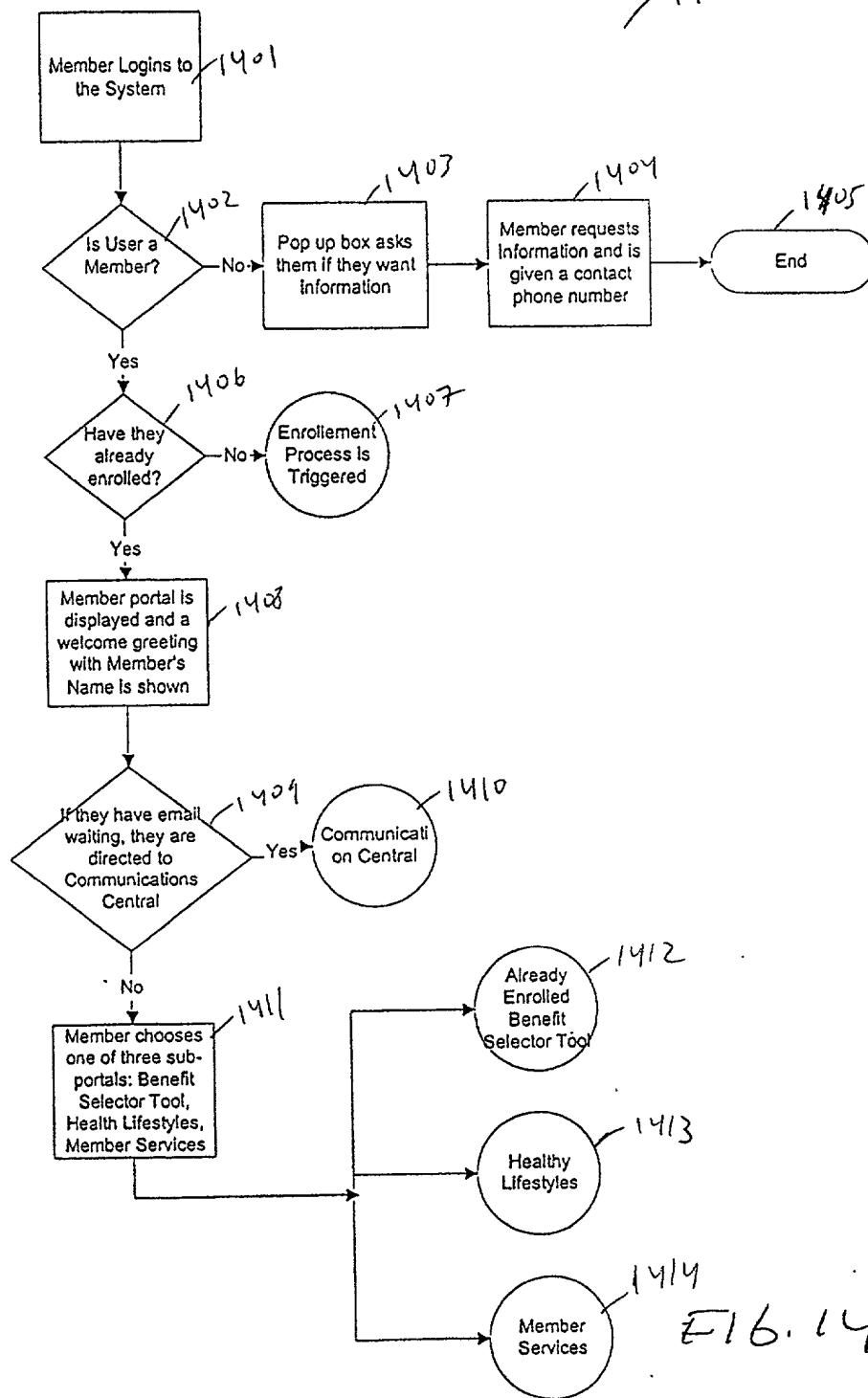
Security Issue Found



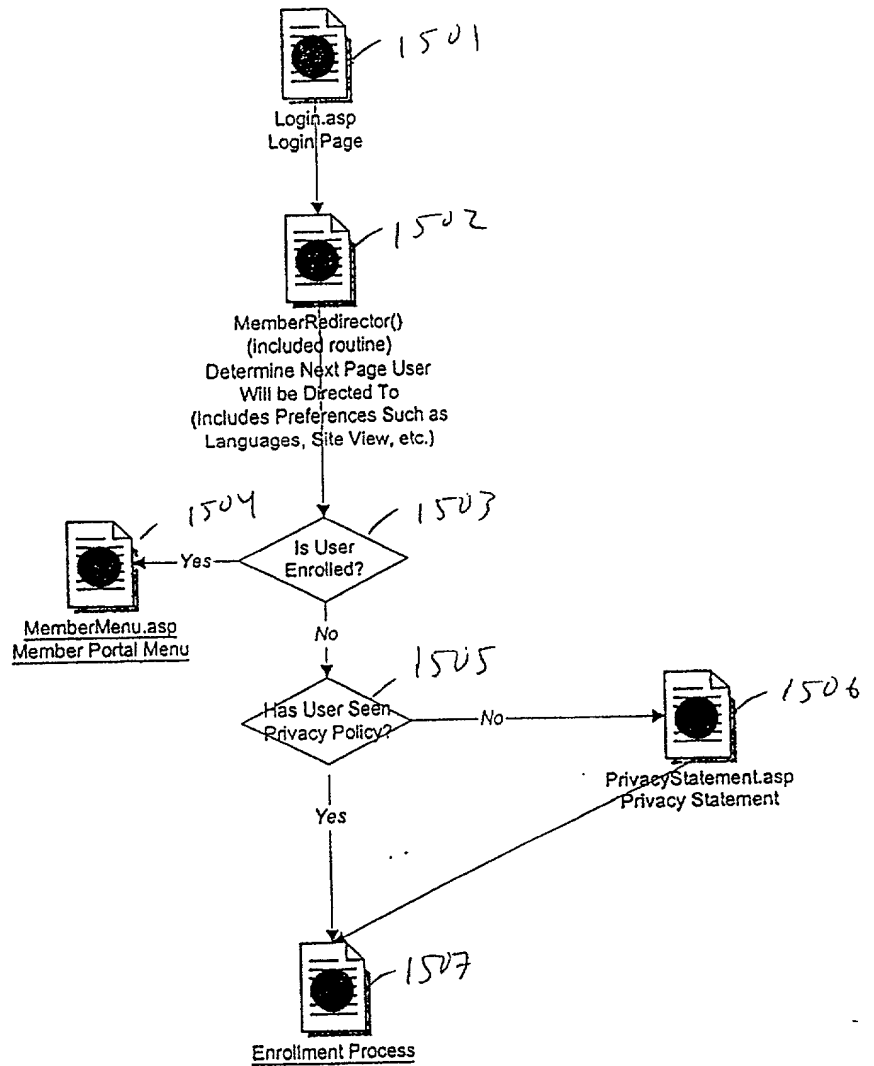
✓ 1302

SecurityIssue.asp
In Almost All Cases, This Will
Be A Member Who
Doesn't Have Access To
Change Enrollment
Or Benefit Information.
Send To Page Explaining
Issue And Perhaps Telling
Them Who Under Their Subscriber
Does Have Access To The
Process They Were Trying To
Access

F16, 13



1500



F16.15

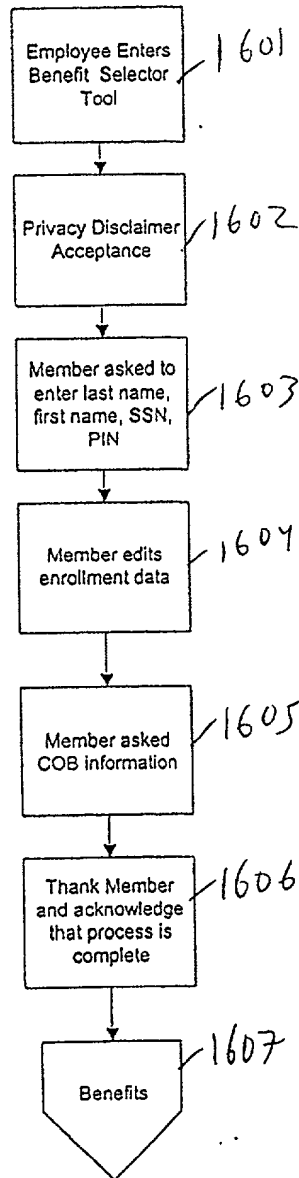
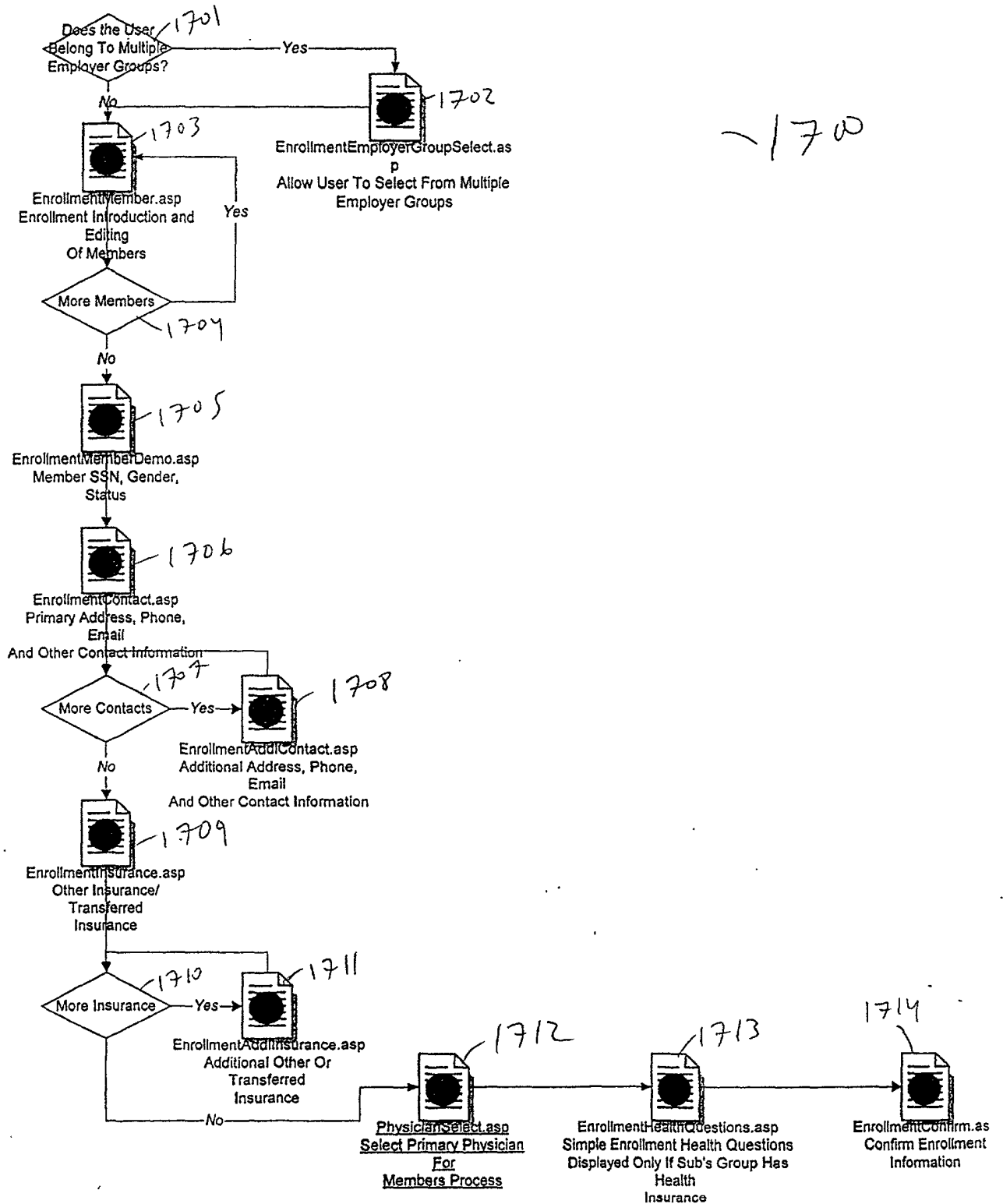


FIG. 16



FLB.17A

▶ signing up menu

▶ about you

▶ contacting you

▶ your other coverage

▶ your doctor

▶ your summary

○ why do we ask?

○ questions

(800) 666-6666

about you

signing up

0241-1726

Here's where you provide us with information about yourself. Please be sure all information is entered accurately.

you tell us	
first Jack last W. Smith suffix Jr.	social security number? 003 54 2356-1726
date of birth? (mm/dd/yyyy) 09 25 1968-1722	do you have a disability? yes no
gender? male female	do you have a preferred name? ("nick" name)
marital status? married	8241-1728
what is your email address? jsmith1 @ mediaone.net	5241-1725

If you have any special circumstances or court imposed obligations, please contact our Customer Care Center upon completion of Signing Up to make any special arrangements.

choice linx

back

next

Fig 17B

1730

FLG17C

signing up menu

about you

contacting you

your other coverage

your doctor

your summary

why do we ask?

questions (888) 888-8888

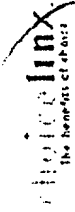
signing up

contacting you

Below are additional address fields you may use to add more addresses to your account. Please make sure you indicate the type of address your are entering. Also indicate those members who this address may apply to.

you tell us	
address / 1731	
address line 1 1000 Elm Street	
address line 2	
city Manchester	
state NH	
zip code 03101 0206 (+4)	
what is this type of address?	
mailing <input type="checkbox"/>	business <input type="checkbox"/>
shipping <input type="checkbox"/>	school <input type="checkbox"/> / 1732
who uses this address?	
Jack <input type="checkbox"/>	Jane <input type="checkbox"/>
Tom <input type="checkbox"/>	Alyssa <input type="checkbox"/>
All <input type="checkbox"/> / 1733	
address / 1731	
address line 1 1000 Elm Street	
address line 2	

16.17D



choosing benefits | signing up | finding a provider | being healthy | customer care center

your privacy | about us | home

1790

signing up

do you have other coverage?

We want to make sure that you and your family are protected by health coverage every minute of every day. ChoiceLinx uses the information that you provide below to coordinate benefits so there are no gaps in your coverage.

you tell us

Are you, or someone you want to be covered by these health benefits, also covered by another health plan?

☐ Yes ☒ No

Are you transferring to ChoiceLinx from another health plan?

☐ Yes ☒ No

back next

signing up menu

about you

contacting you

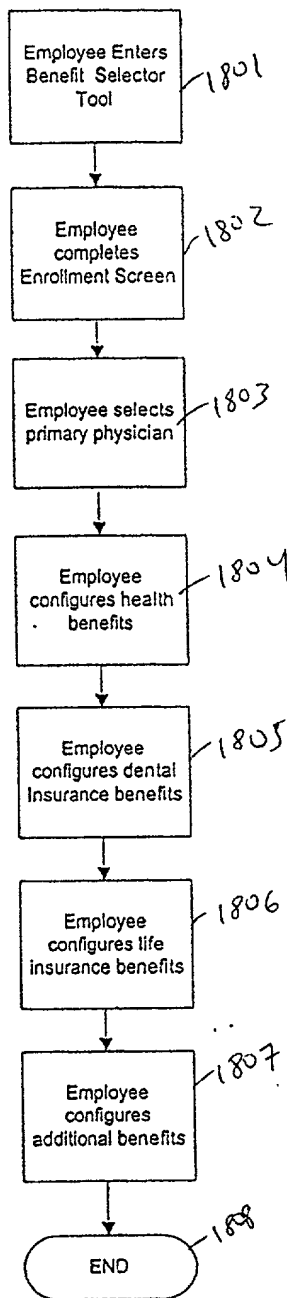
your other coverage

your doctor

your summary

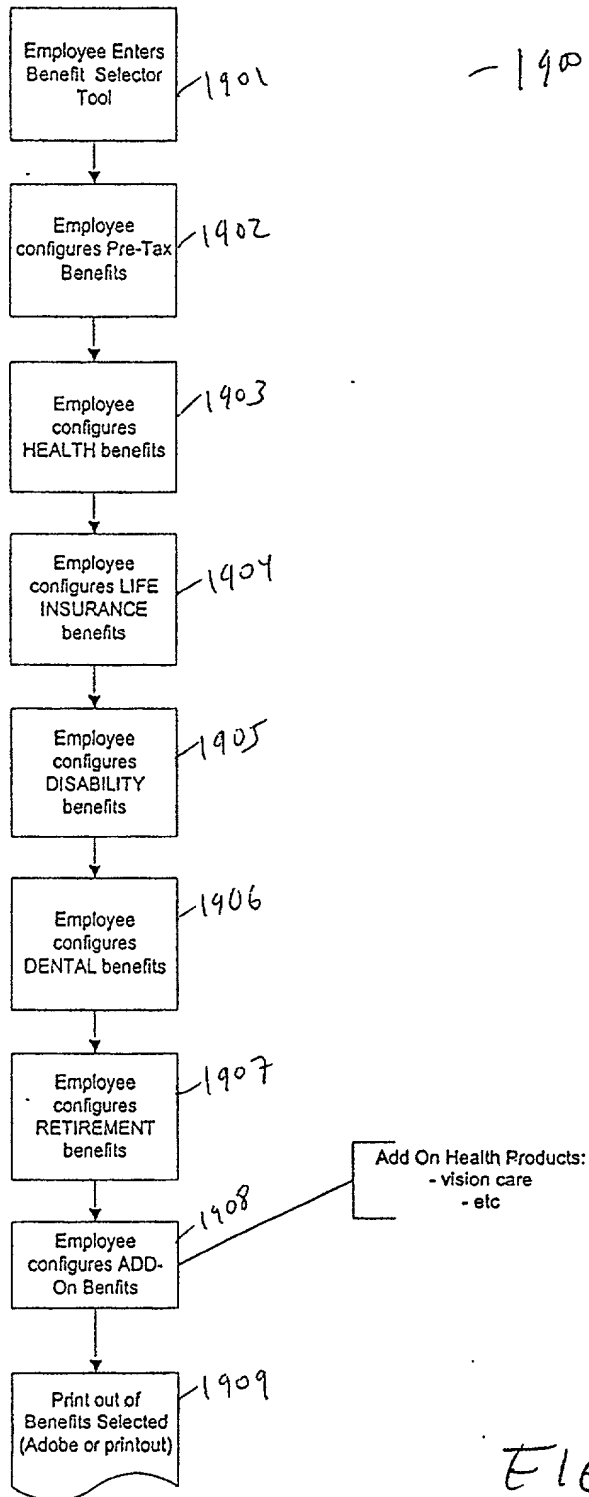
why do we ask?

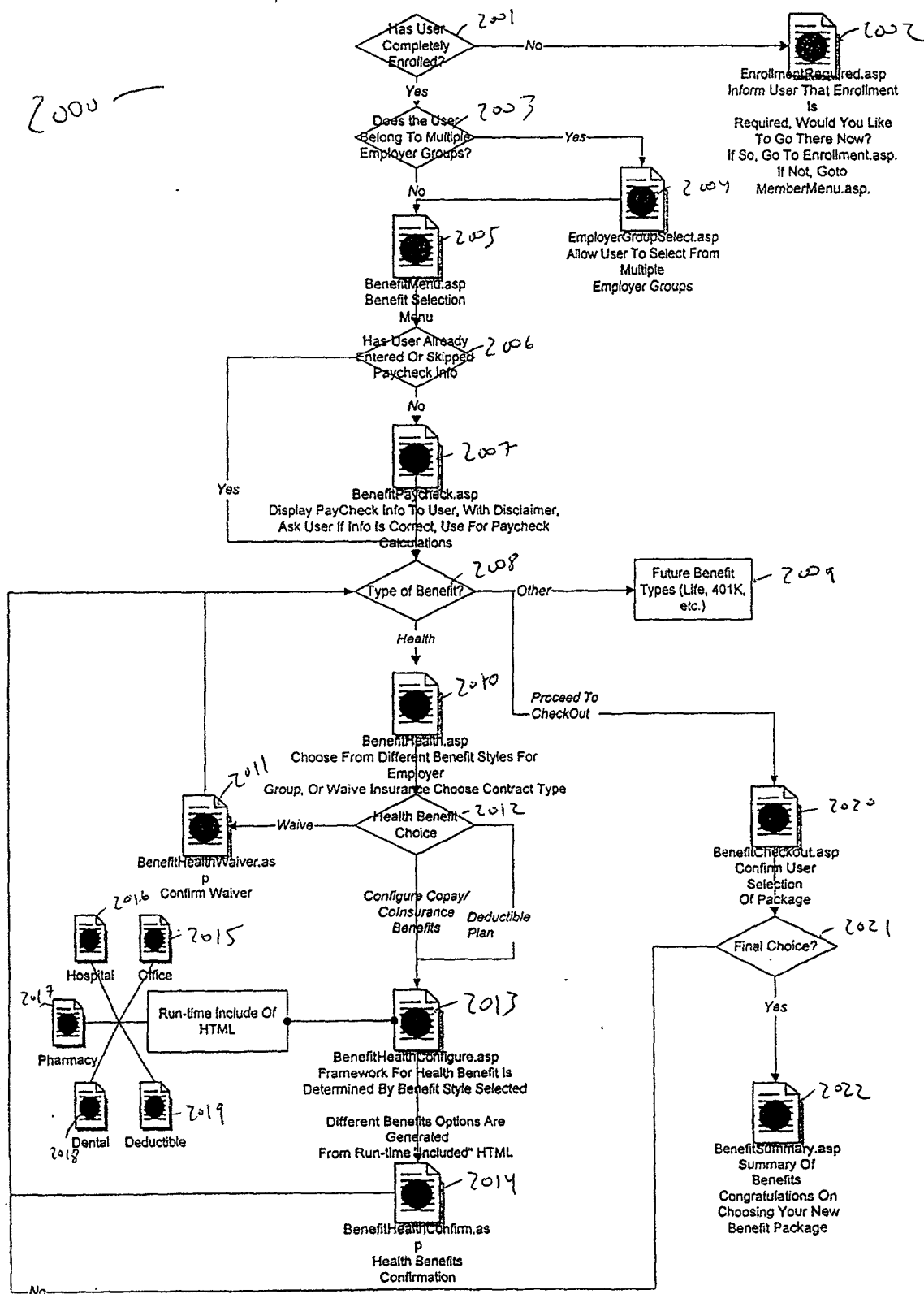
questions (888) 888-8888



1800

F16.15





FL6, 20A

2050-

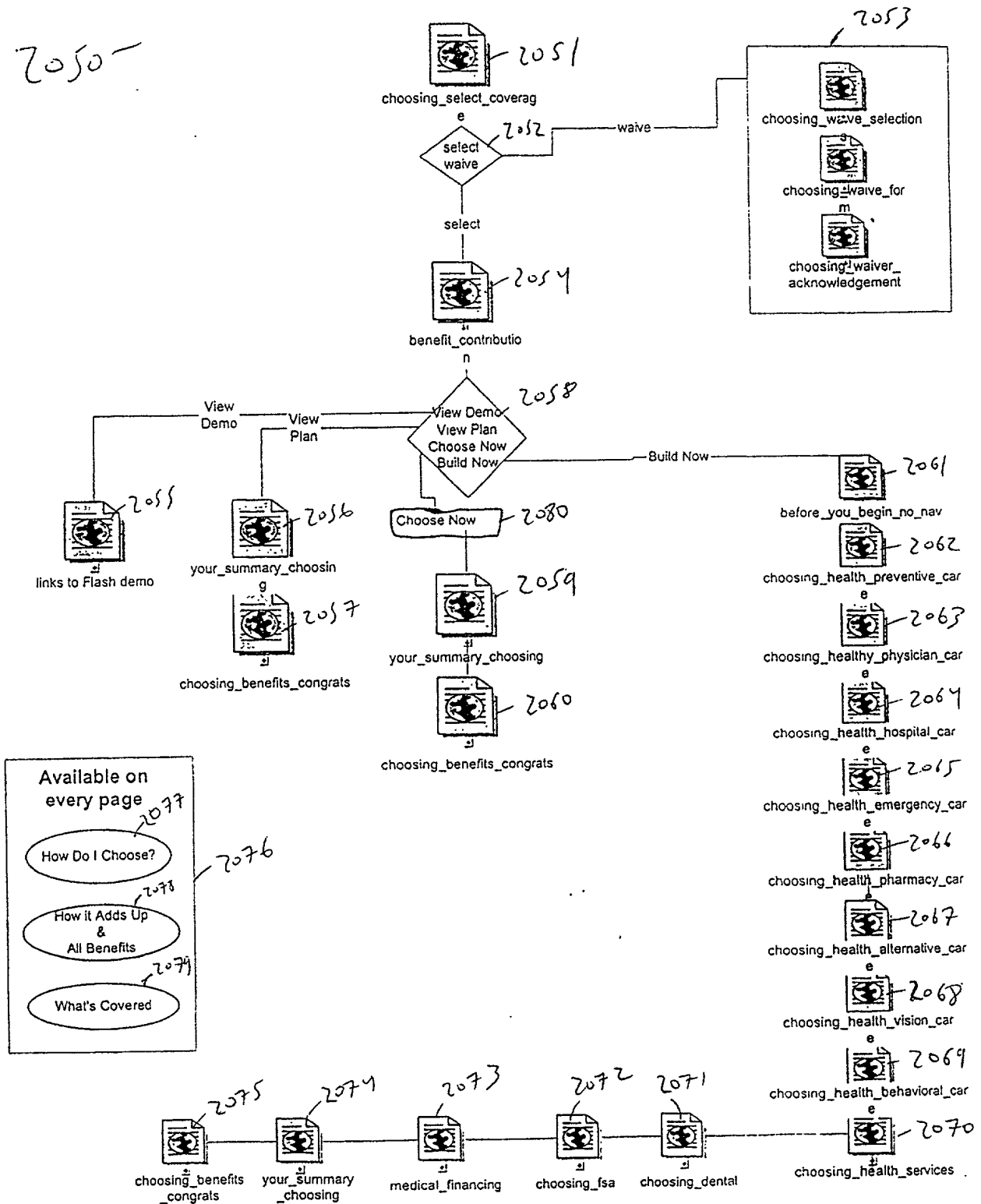
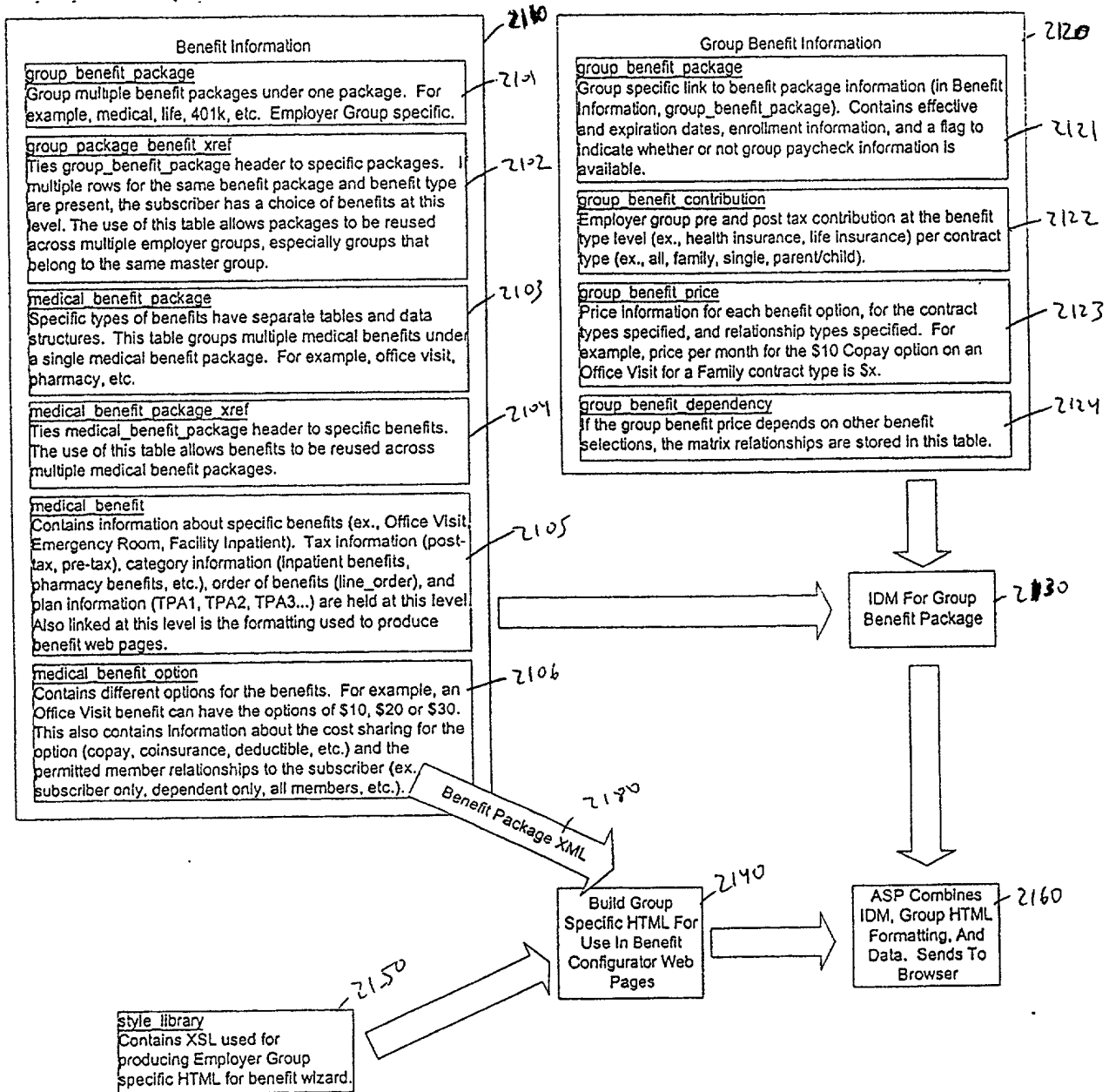
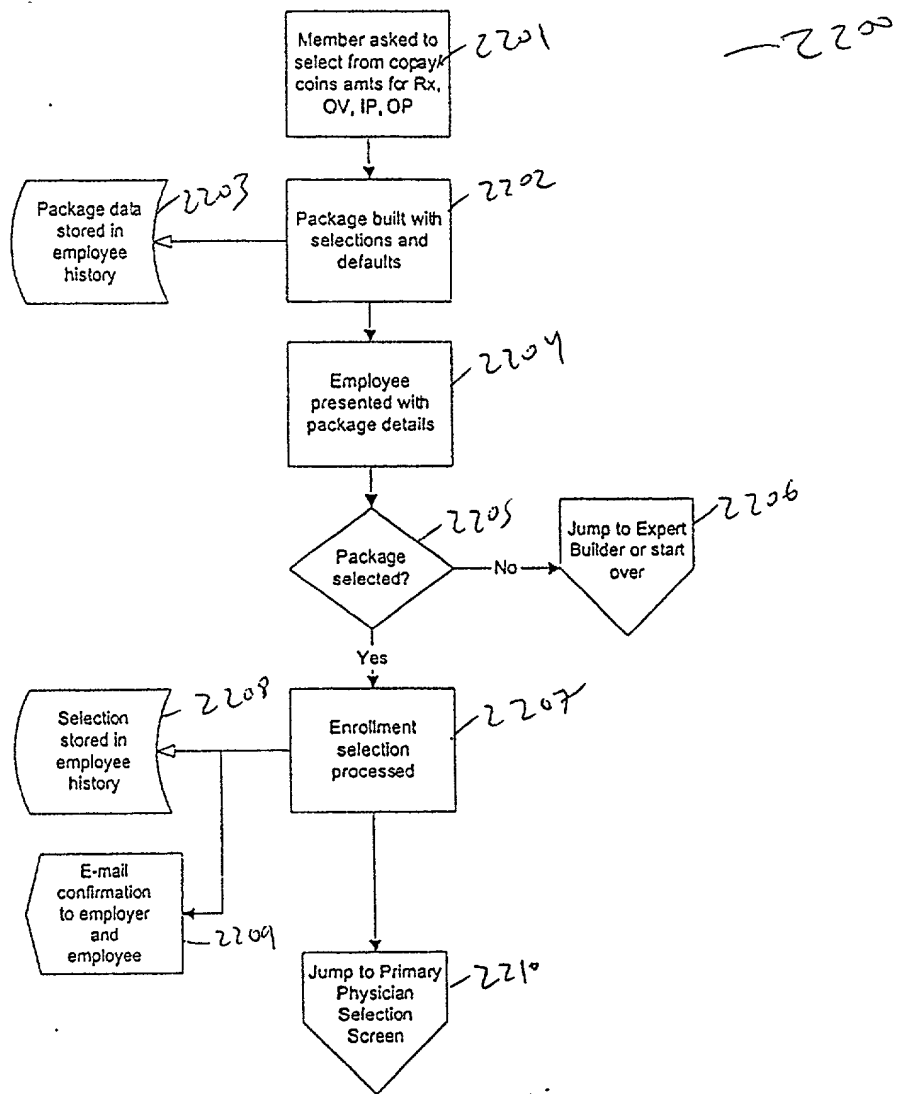


FIG. 20B

2100



F16.21



F16.22A

choosing benefits

getting started

Build A Plan That Is Right For You

1 You decide what your benefit contribution will be.
Your employer has given you a fixed amount to spend on your benefits, but you ultimately decide what level of coverage you want for each benefit.

Benefit	Your Employer's Contribution (2001)	Your Estimated Contribution (2001)	Your Contribution Last Year (2000)
Health	\$2,400	\$xxx to \$yyy	\$xxx
Dental	\$180	\$xxx to \$yyy	\$xxx
Total	\$2,580	\$xxx to \$yyy	\$xxx

2 The choice is yours.

Where you receive care (and by whom) is entirely up to you. However, receiving care by an In-Network provider will reduce your out-of-pocket expenses.

In-Network

- Your out-of-pocket expenses (i.e. copays and cost-share amounts) are chosen by you for each benefit
- NO referrals are needed
- You can determine if your doctor is In-Network by selecting *Finding A Provider* at the top of every page

Out-of-Network

choosing benefits

[back](#) [next](#)

health physician care

Physician Care is that care which is provided by your physician or a physician to whom you have been referred. This care is most frequently provided in a physician's office.

choose from the following benefits		
your network benefit	monthly benefit cost	your choice
\$0.00 fixed copay	\$54.30	C
\$10.00 fixed copay	\$67.47	G
\$15.00 fixed copay	\$66.78	C

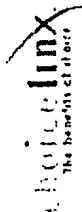
what's covered-	
utilize Based Physician Care	
Specialty Care	
Maternity Care	
Oncology Services	
Drugs/Immunizations/Preventive	---NONE SETALL

how it adds up-	
monthly	
what your employer contributes:	
For All Benefits	\$400.00
For Health	\$175.00
For Dental	\$54.84
For Vision	\$120.00
what's deducted from your paycheck:	
For All Benefits	\$ 1.00
For Health	\$ 1.00

choosing benefits menu

- getting started
- health
- preventive care
- physician care
- hospital care
- emergency care
- pharmacy care
- alternative care
- vision care
- behavioral health care services
- personalized services
- dental
- flexible spending
- medical financing
- your summary

how do I choose?
 questions



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419.22D

2240

choosing benefits

Your Dental Care benefit offered through ChoiceLine is a preventive care benefit. Dental Care is that care which is provided to you by a licensed Dentist for the purpose of helping to maintain your teeth and gums.

back next

2241

choose from the following benefits		
your network benefit	monthly benefit cost	your choice
100% cost-share	\$17.00	C
20% cost-share	\$15.60	C
30% cost-share	\$14.11	C

2242

what's covered
Regular Cleaning
Fluoride Treatments
X-rays
Oral Surgery
Emergency Services
more details

2243

how it adds up
monthly
what your employer contributes:
For All Employees \$400.00
For Dental benefit available \$15.00
what is deducted from your paycheck:
For all benefits For Dental \$3.94 \$0.00

419.224

additional offer

For an additional \$3.00 per month you can receive a third dental cleaning.

Would you like to receive a third dental cleaning this year?

yes no

how do I choose?

questions

(888) 868-8663

back next

- ▶ getting started
- ▶ health
- ▶ dental
- ▶ flexible spending
- ▶ medical financing
- ▶ your summary

how do I choose?™

questions
(888) 888-8888

A summary of your selections is listed below. If you would like to make any changes to your selections you may do so by using the drop down boxes in the *your benefits* column.

confirm ▶

health benefits	your benefits	benefit cost monthly	benefit cost info
preventive care	\$0.00	\$7.47	info
physician care	\$10.00	\$47.47	info
hospital care	0% cost share*	\$85.62	info
emergency care	\$20.00	\$3.58	info
pharmacy care edrugstore.com.	\$5.00 / \$15.00 drugstore.com	\$15.00	info
alternative care	20% cost share*	\$4.05	info
vision care	\$10.00	\$2.11	info
vision annual visit	annual visit	\$5.00	
behavioral health care	\$15.00	\$5.04	info
personalized services	personalized services	\$3.00	info
Your combined out-of-pocket annual maximum is \$500 per person or \$1,000 per family.			
Health Total		\$178.34	

dental benefits	your benefits	benefit cost monthly	benefit cost info
benefit description			
dental care	waived	\$32.59	info

2250

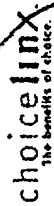
2254

2253

2252

2251

619.226



how do I choose?

[close window](#)

Your benefits should reflect your life's needs and your individual family, health and financial situation. A single, healthy 20 year old, a family with four young children, newlyweds planning to have a baby, and a 45 year old person with diabetes have very different needs. That is why ChoiceLinx lets you pick the fixed copay and % of charge amounts that are right for you.

Ask yourself the following questions when choosing your benefit options:

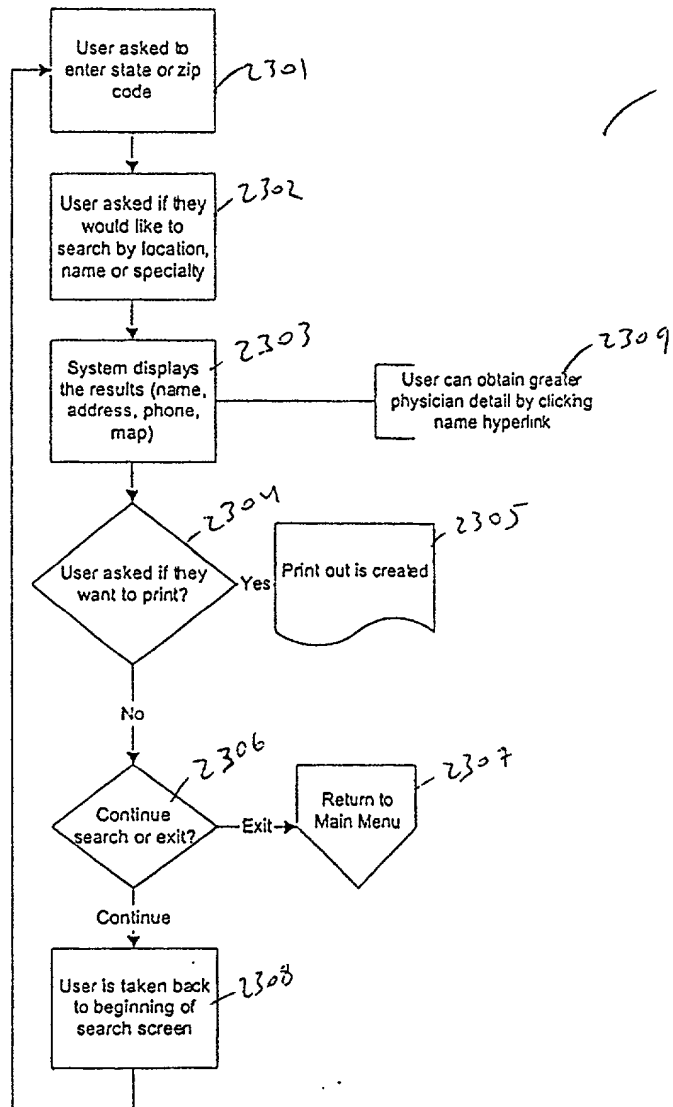
- Do you have children who visit the doctor frequently for check-ups, ear infections or immunizations?
- Are you healthy and single?
- Are you married and planning to have children during the upcoming year?
- Do you or one of your covered family members have a health condition that requires frequent doctor visits or tests?
- Do you expect that you or a covered family member will be hospitalized during the year?
- From a budgeting standpoint: Is it easier to have more taken out of your paychecks with less for you to pay when you receive care or just the opposite?

Also take into consideration:

- Lower copays mean higher payroll deductions, but less you need to pay at the time of your visit
- Higher % of charge amounts mean lower payroll deductions, but more expense when you visit the hospital for tests or for an overnight stay
- Each health benefit category is for a different type of service. Take each into consideration when selecting your benefit. Look at what is covered and what is not covered for that category. Think about the cost to you on a weekly, monthly or annual basis. And think about the likelihood of needing those services during the year.

Just remember - no matter what you choose - you will still end up with a comprehensive benefits plan that will cover you when you need it most.

[close window](#)



F16.23

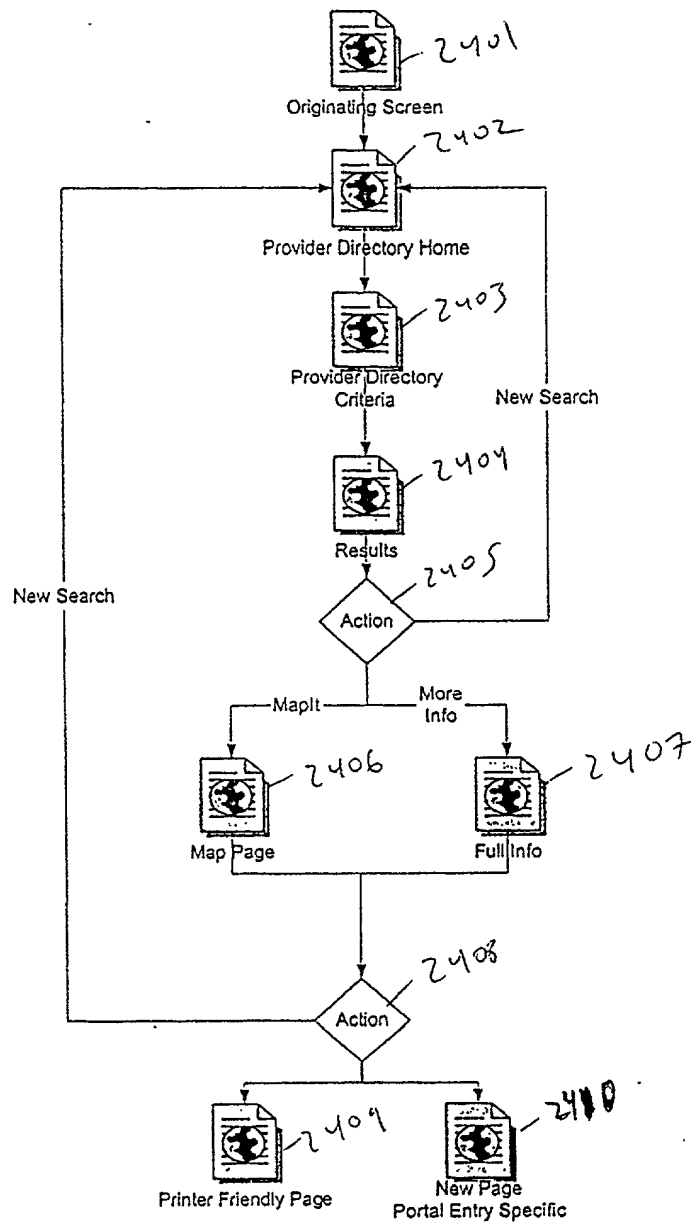
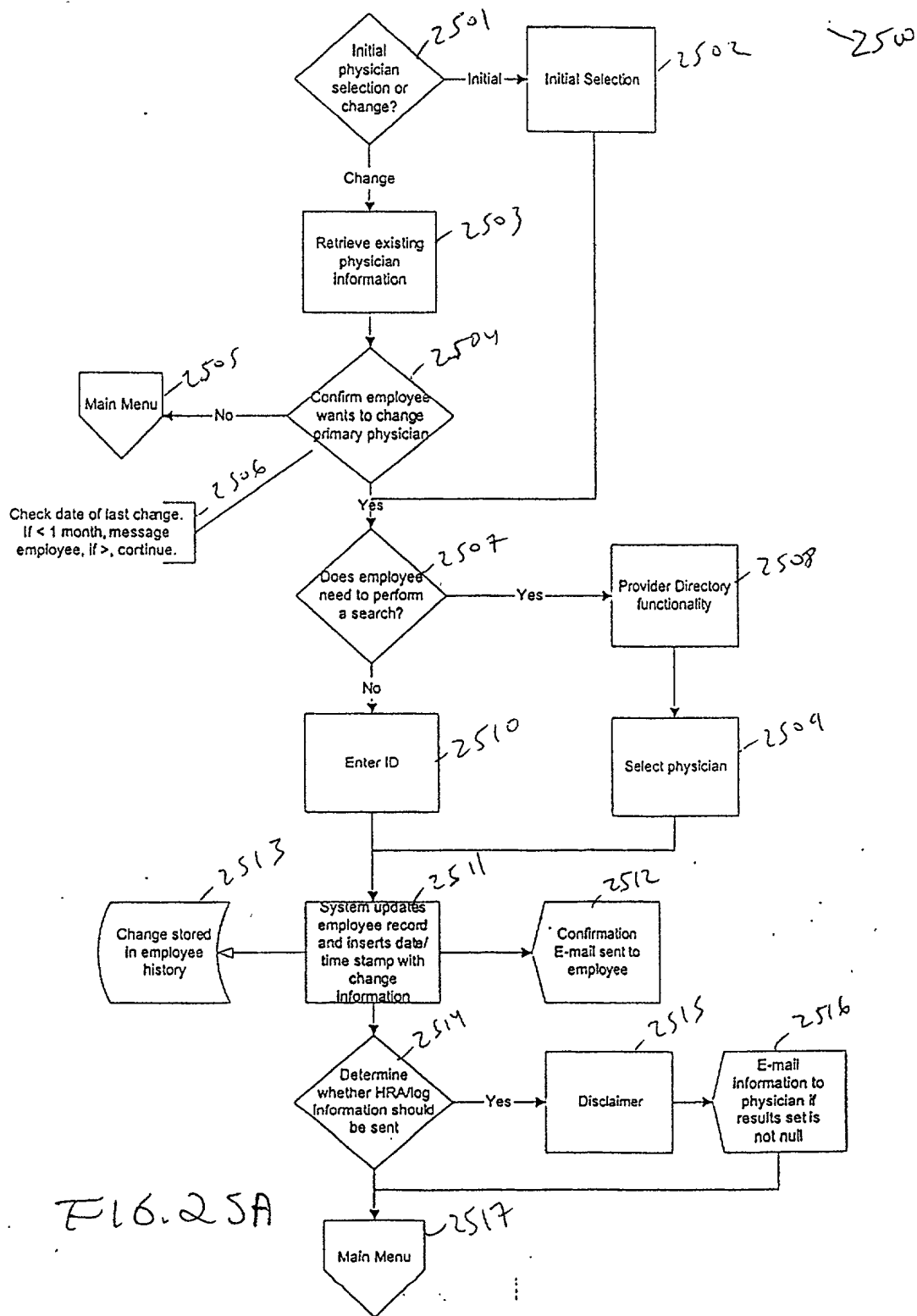


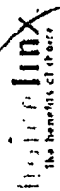
FIG. 24



any one who was not a member of the plan at the time of the plan's termination

FL6.25 B

your privacy · about us · home



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signing up

your doctor

▶ signing up menu

▶ about you

▶ contacting you

▶ your other coverage

▶ your doctor

▶ your summary

why do we ask?

! ? questions

(888) 888-8888

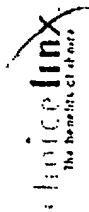
Below are the physicians you've already selected for the members associated with your account and search options to select a physician for your child(ren)

You may cancel your search by selecting cancel search below, and the physicians you have selected so far will remain.

you tell us
<div>Primary physician selected for John Smith Young, Mitchell Family Practice Manchester, NH 3101-1325</div> <div>Primary physician selected for Jane Smith Wilks, Chris Internal Medicine Manchester, NH 03104</div>
Search for a primary physician for Jessica Smith
<div>search by name</div> or <div>search by distance</div>
1754-1753

1750

522.226



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your privacy about us home

2270

▶ signing up
menu

signing up

Congratulations! You have just completed the Choicelinx Signing Up process! — 2271

▶ about you

You will be receiving your membership identification card shortly.

▶ introducing you

With Choicelinx, you have 24 hour access to your benefits information. You also have the opportunity to have a detailed summary of your benefits plan sent to you.

▶ your online
coverage

Would you like to have your detailed benefits plan summary sent to you? — 2272

☐ No thank you. I will use it on-line. (available now)

▶ your doctor

☐ Yes, e-mail a copy to me. (1 day)

▶ your summary

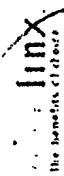
☐ Yes, send a copy to my preferred address. (3-4 weeks)

? questions
(888) 888-8888

◀ back next ▶

Fig. 22H

[close window](#)



Why do we ask?

...about your vital statistics?

We need to know your name, date of birth, social security number and gender to identify you and make sure that our records are accurate. Just as important, this information helps us provide you with services that are tailored to someone of your age and gender.

...about your student status?

Children may not be eligible for coverage on a subscriber's plan unless they are full-time students. Please refer to your employer's benefit guide for specific details regarding student eligibility.

...about your spouse's employment status?

If your spouse has health care benefits, we can appropriately coordinate coverage at ChoiceLine.

...about disabilities?

If you have a disability, you are entitled to reasonable accommodations that will enable you to understand and access your ChoiceLine benefits. We need to know what kinds of accommodations you may require. In addition, if you have a disability, you may be entitled to an extended COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage period. COBRA is a federal law that requires an employer to offer employees the option to continue with existing insurance benefits for a designated period of time at the group rate. In addition, disabled dependents over the age of 19 may have extended eligibility benefits through your employer.

...for your e-mail address?

If you have e-mail, it is the most efficient way to stay in touch with ChoiceLine. Our Customer Service Advocates are able to e-mail you enrollment confirmations, reminders about important health events and answers to your e-mailed questions. We use U.S. mail and the telephone to communicate with customers who do not utilize e-mail.

...about the type of health coverage you want?

Your coverage selection determines the enrollment web pages you will complete. You will avoid unnecessary steps by letting us know your selection right up front.

[close window](#)

Preventive Care

Annual physicals - Your office visit copay will apply for this visit.

What's Covered

- Annual Physical Examinations - for all adults and children over the age of 2
- Laboratory Services
- Radiology

back to top

2292

Allergy Testing and Injections - Your office visit copay will apply for this visit

What's Covered

- Allergy Testing
- Allergy Shots
- Professional Services
- All materials associated with allergy testing

back to top

2293

Routine Annual Gynecological Exams - Your office visit copay will apply for this visit

What's Covered

- Annual routine gynecological exams
- Doctors visit
- Pap Test
- Mammograms

back to top

2294

Immunizations and Injections - Your office visit copay will apply for this visit

What's Covered

- Therapeutic Injections
- Immunizations (tetanus, hepatitis, influenza)
- Professional Services
- Materials associated with those injections when administered by your physician or attending staff

back to top

What's Not Covered

- 3rd Party Exams - (camp and insurance)
- Flight Physicals
- Sports Physicals

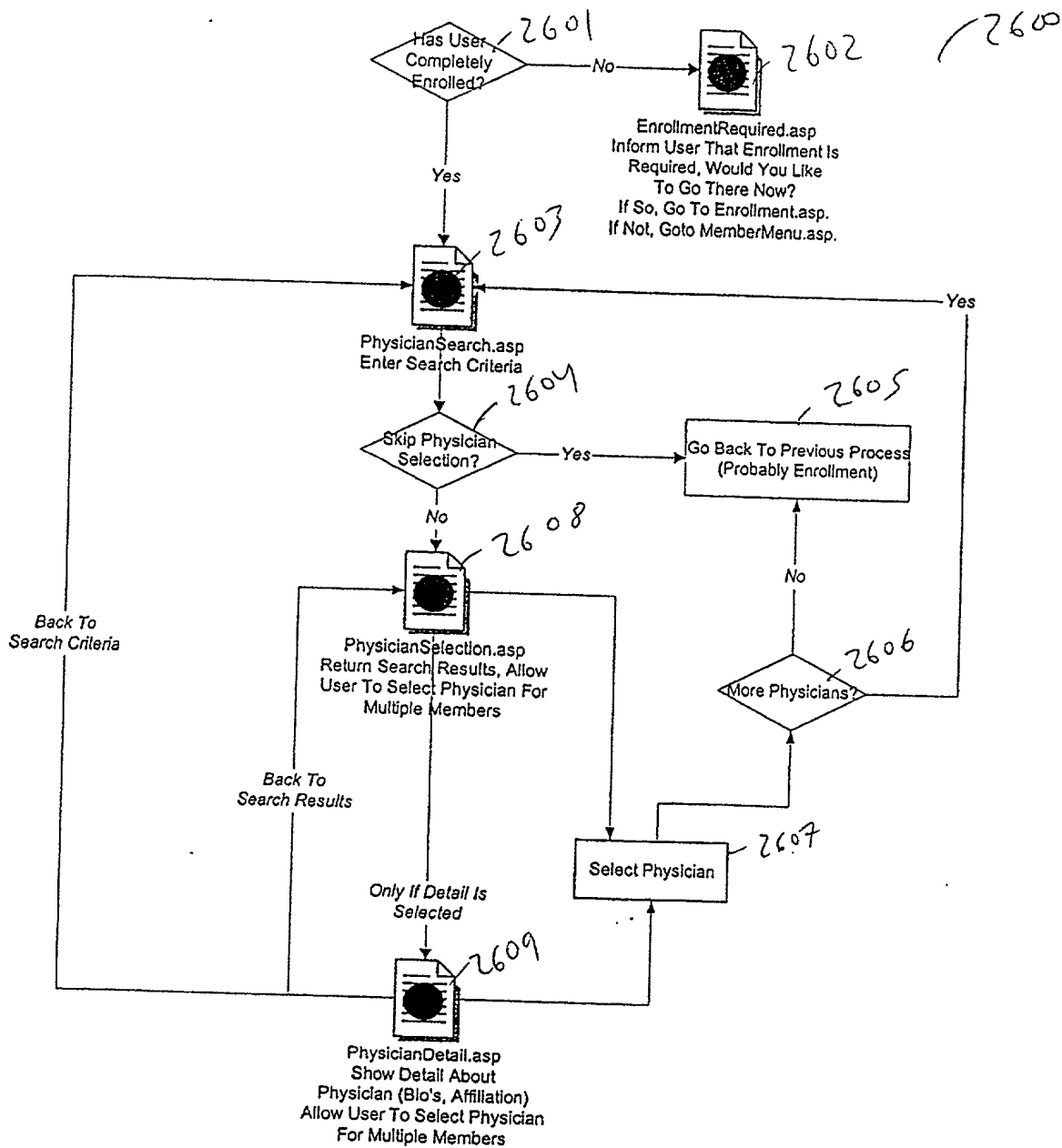
What's Not Covered

- Allergy Serum

What's Not Covered

- Birth Control

What's Not Covered



F16.26

PIN # Change

2701

Share name and
address
information with
3rd parties

2702

Physician access
to HRA results

2703

Physician access
to Work Out Log

2704

Physician access
to Pregnancy Log

2705

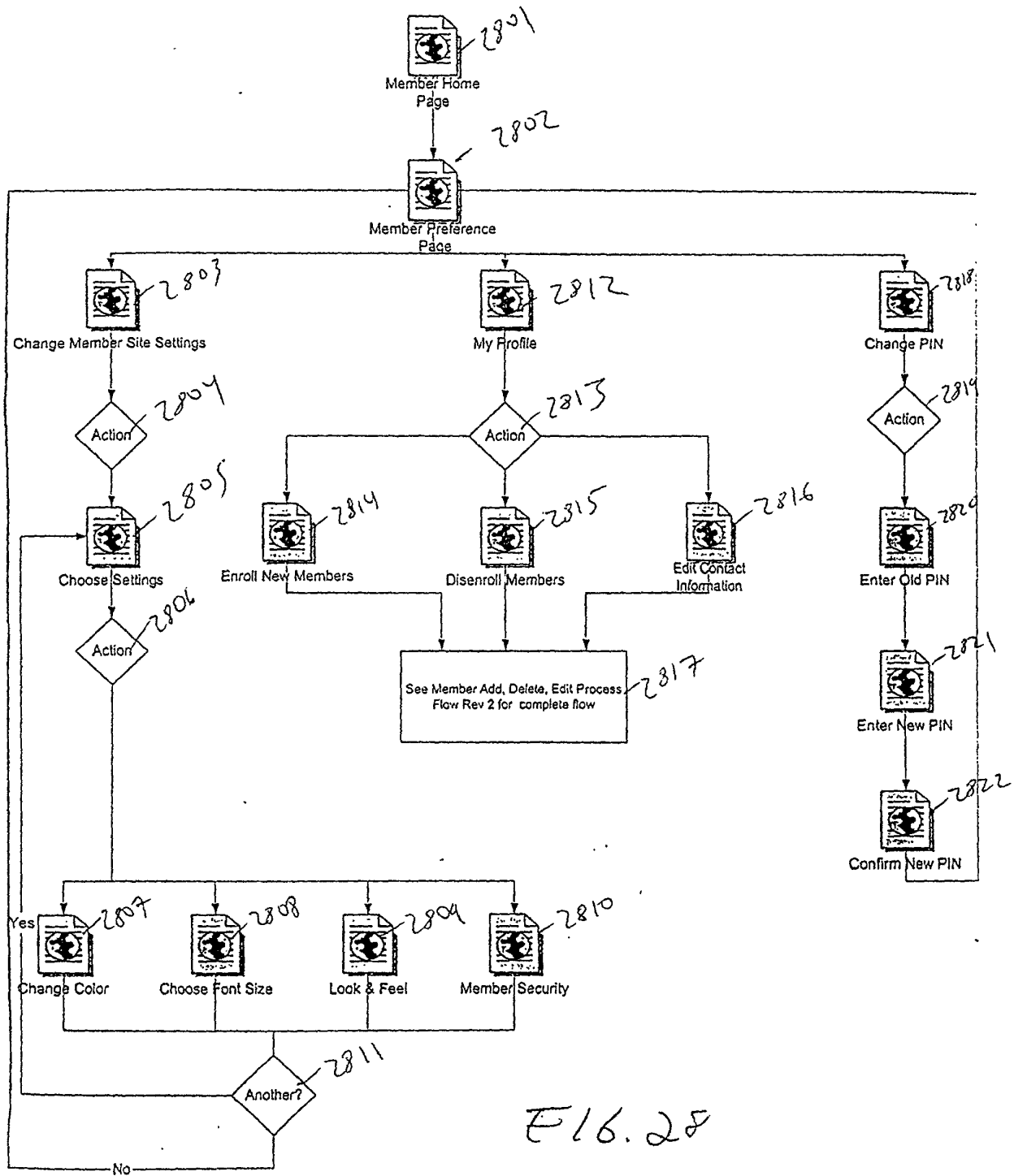
Physician access
to Nutrition Log

2706

2700

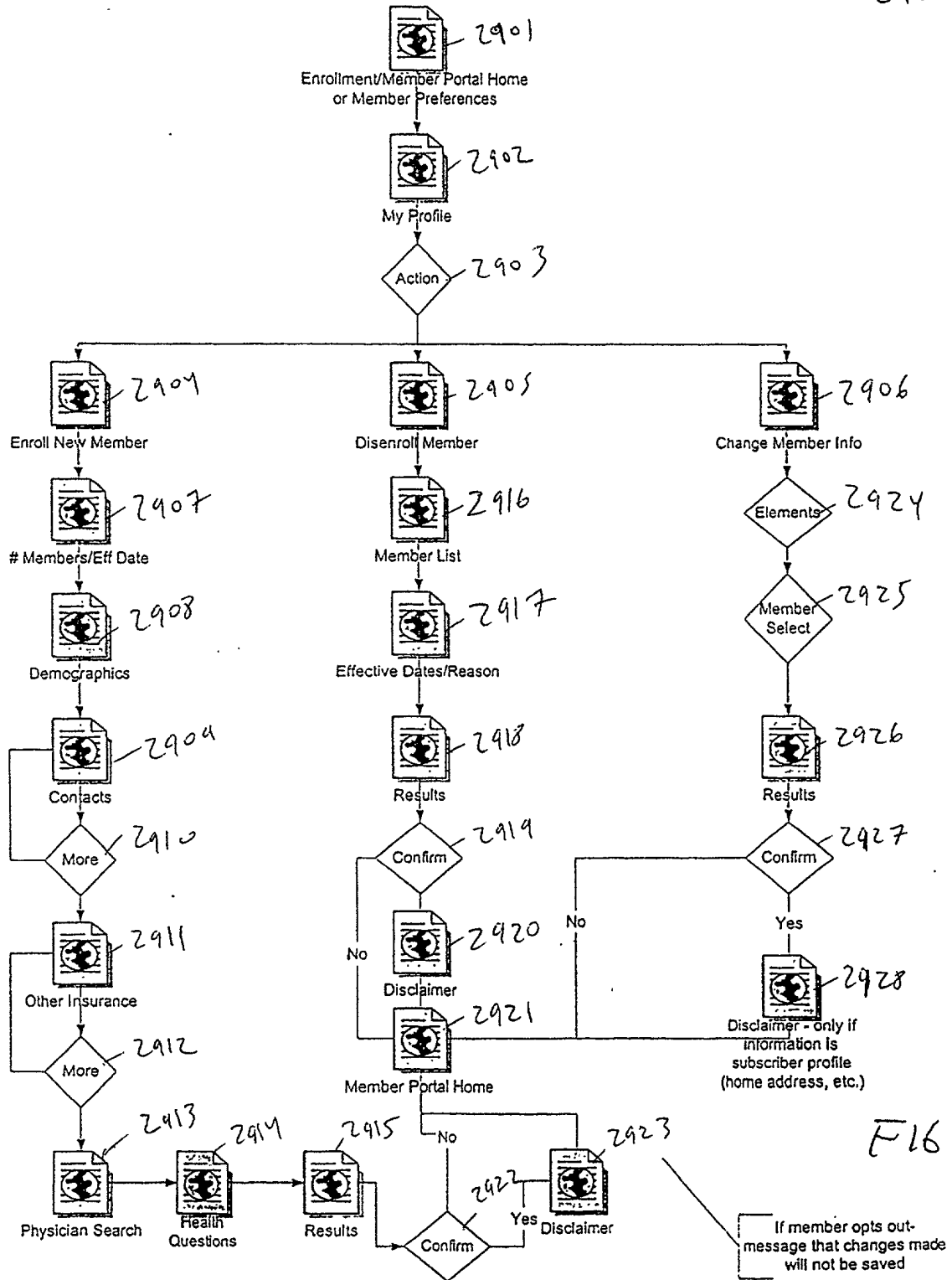
F16.27

2800



F16.28

-2900



F16 29

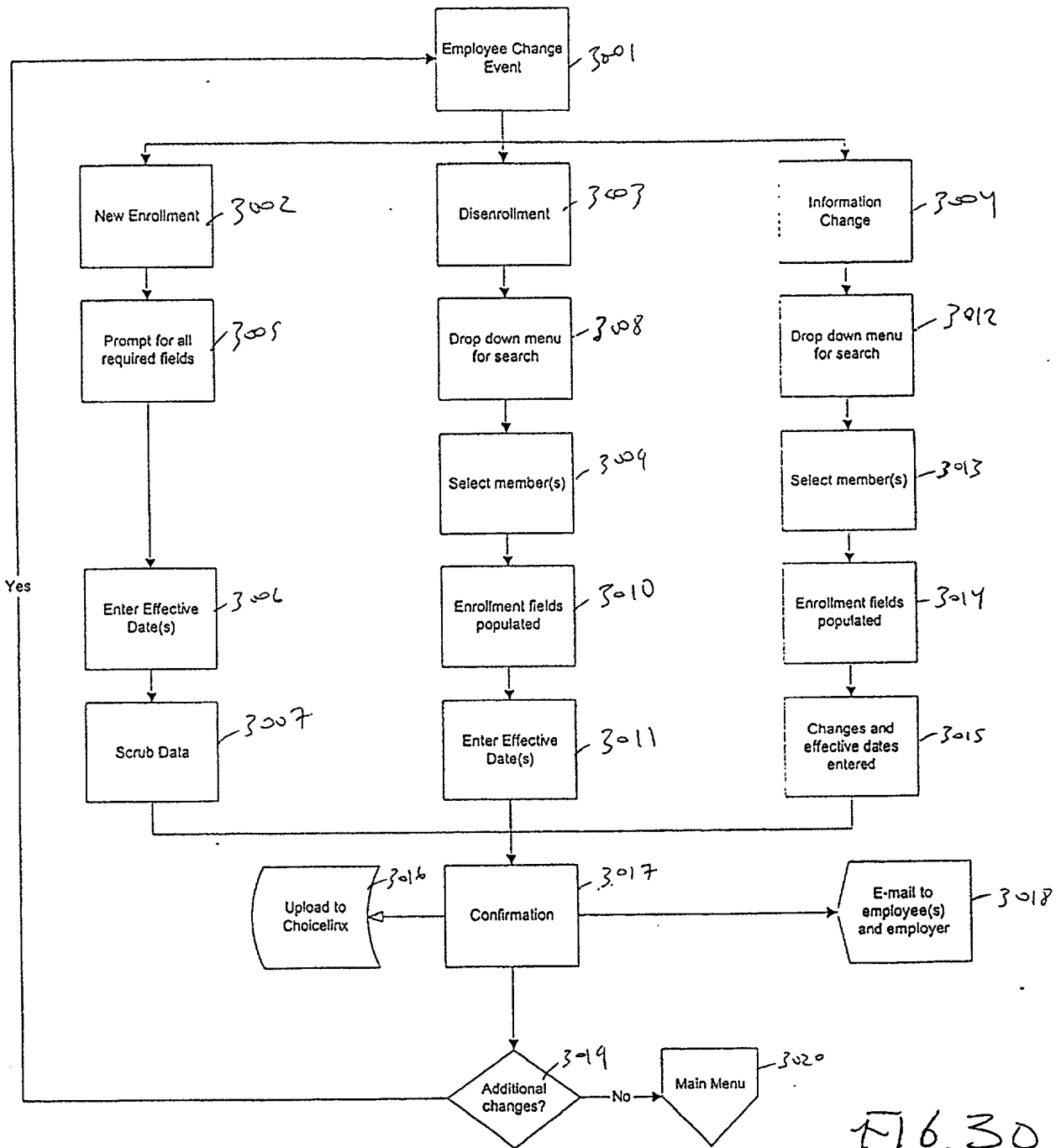


Fig. 30

-310

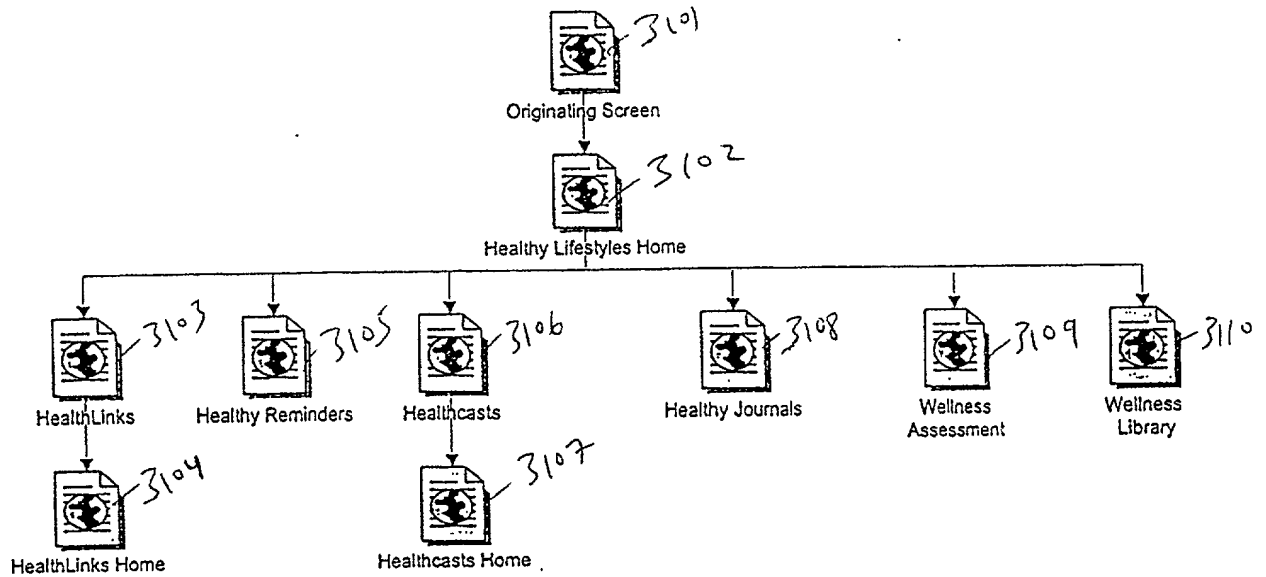


FIG. 31

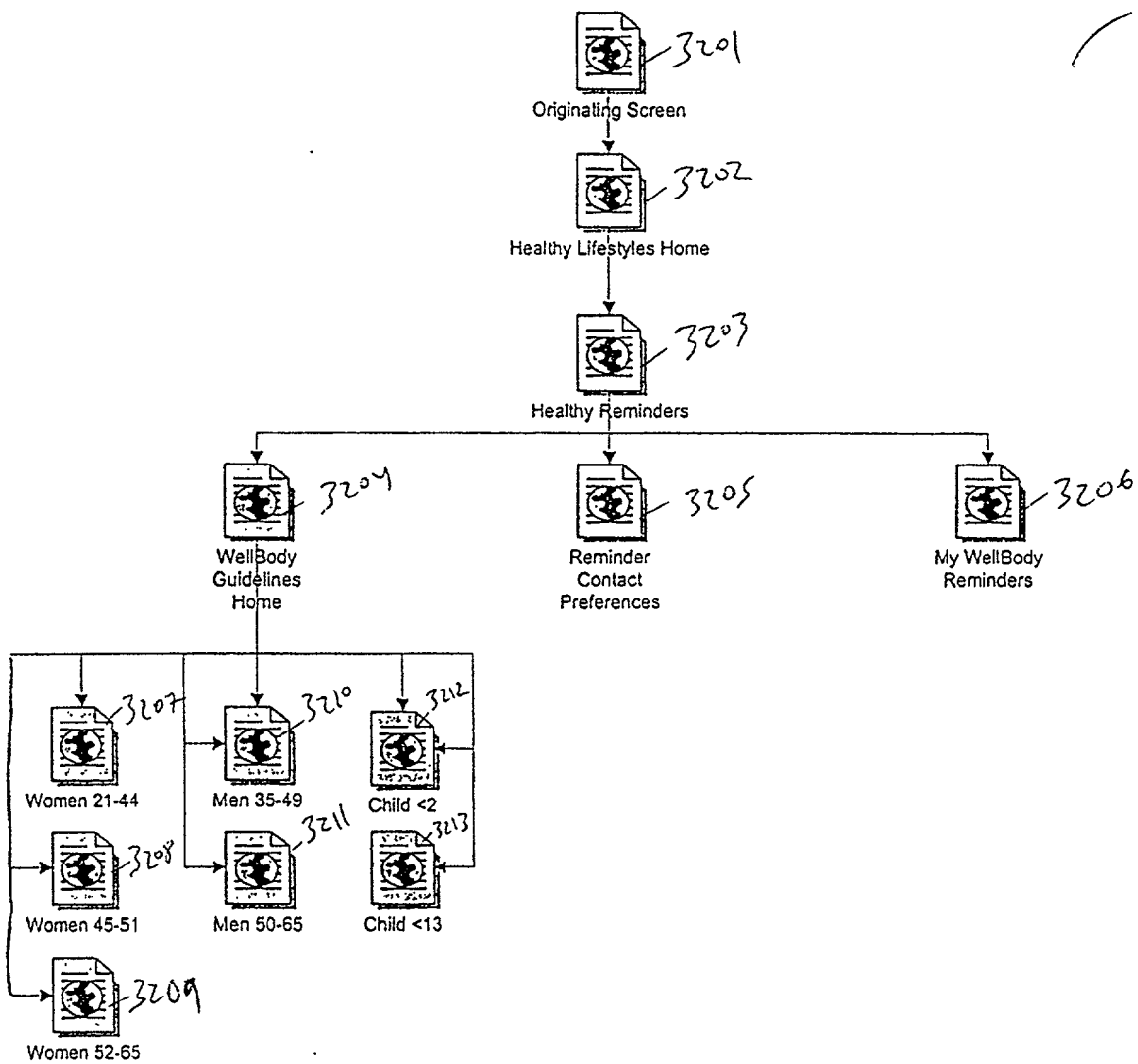
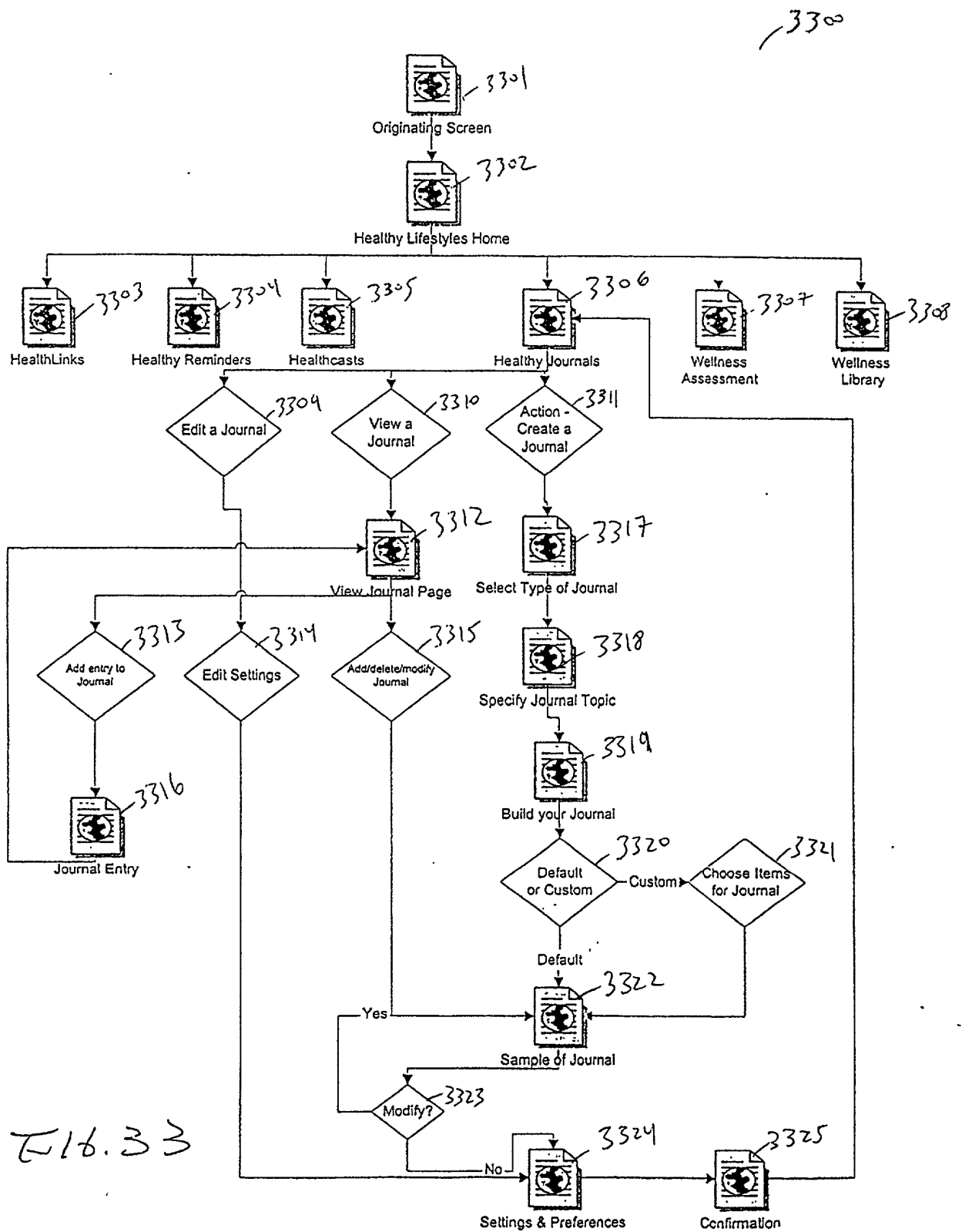
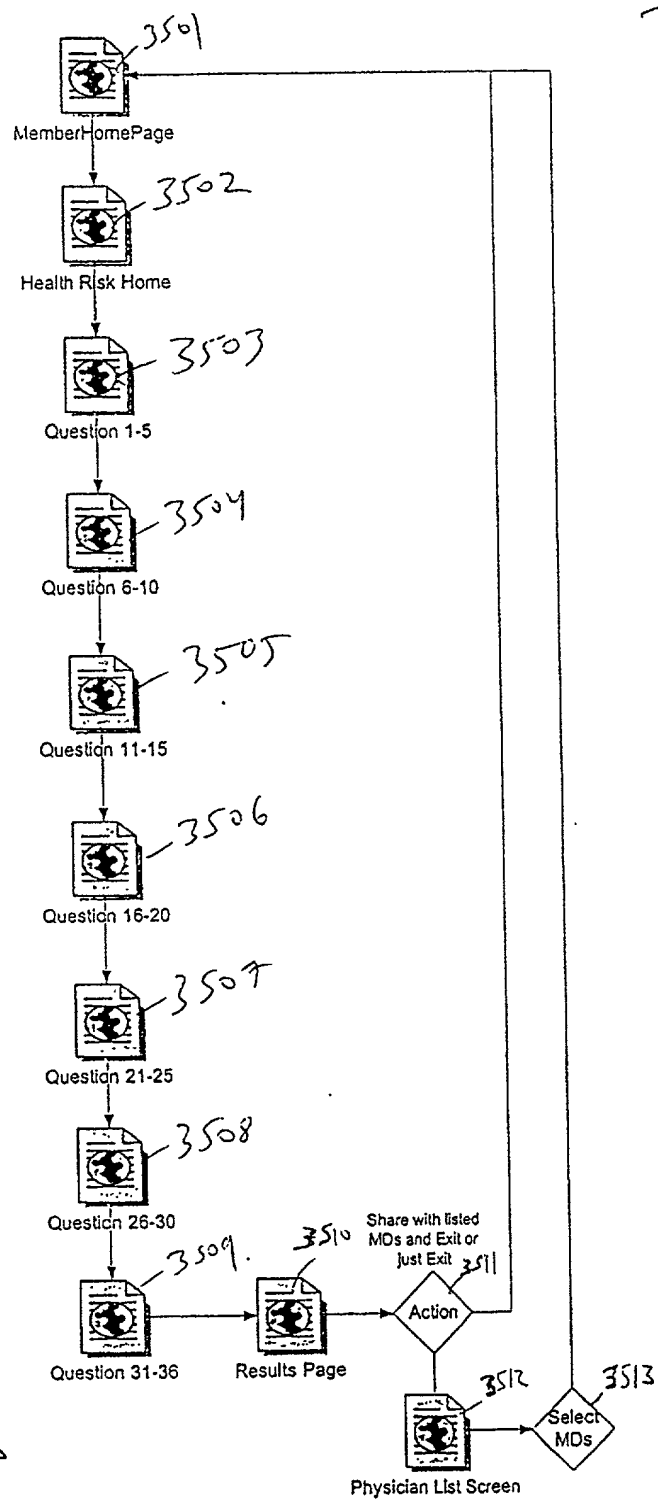


FIG. 32



[illegible]

F16.35

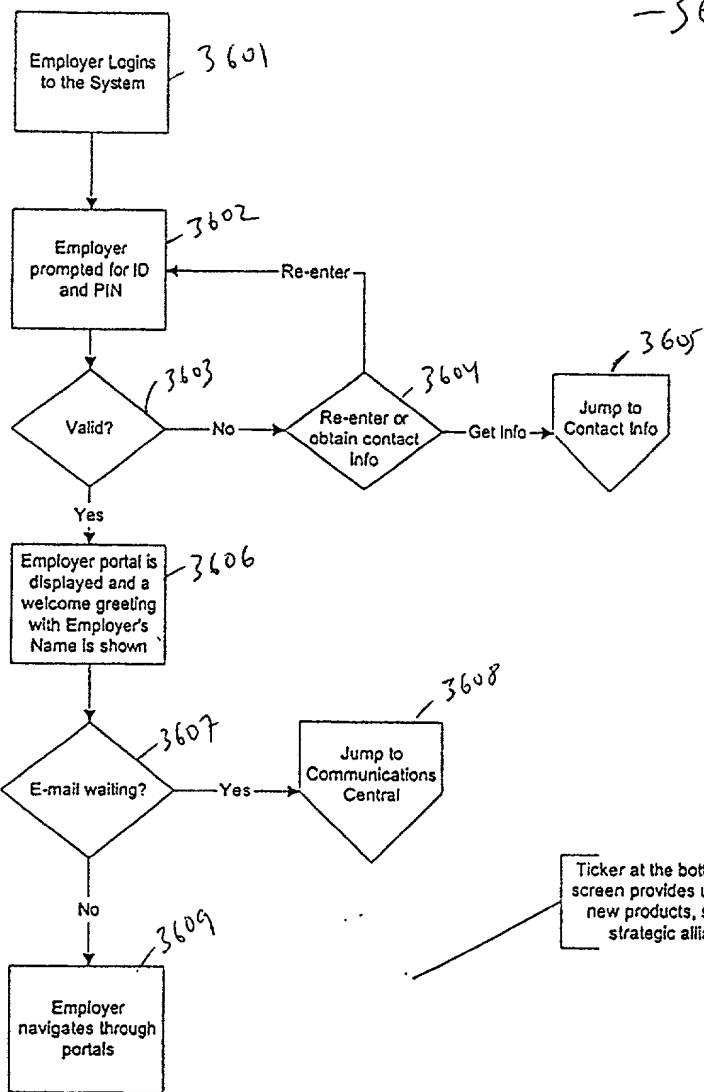
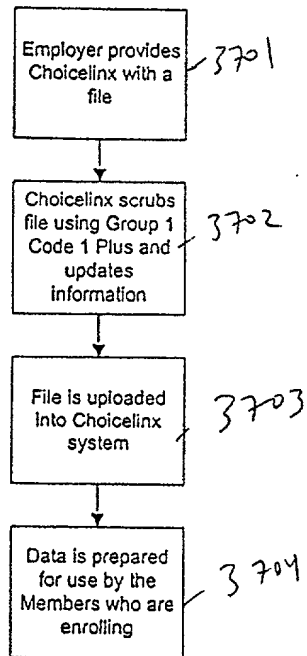
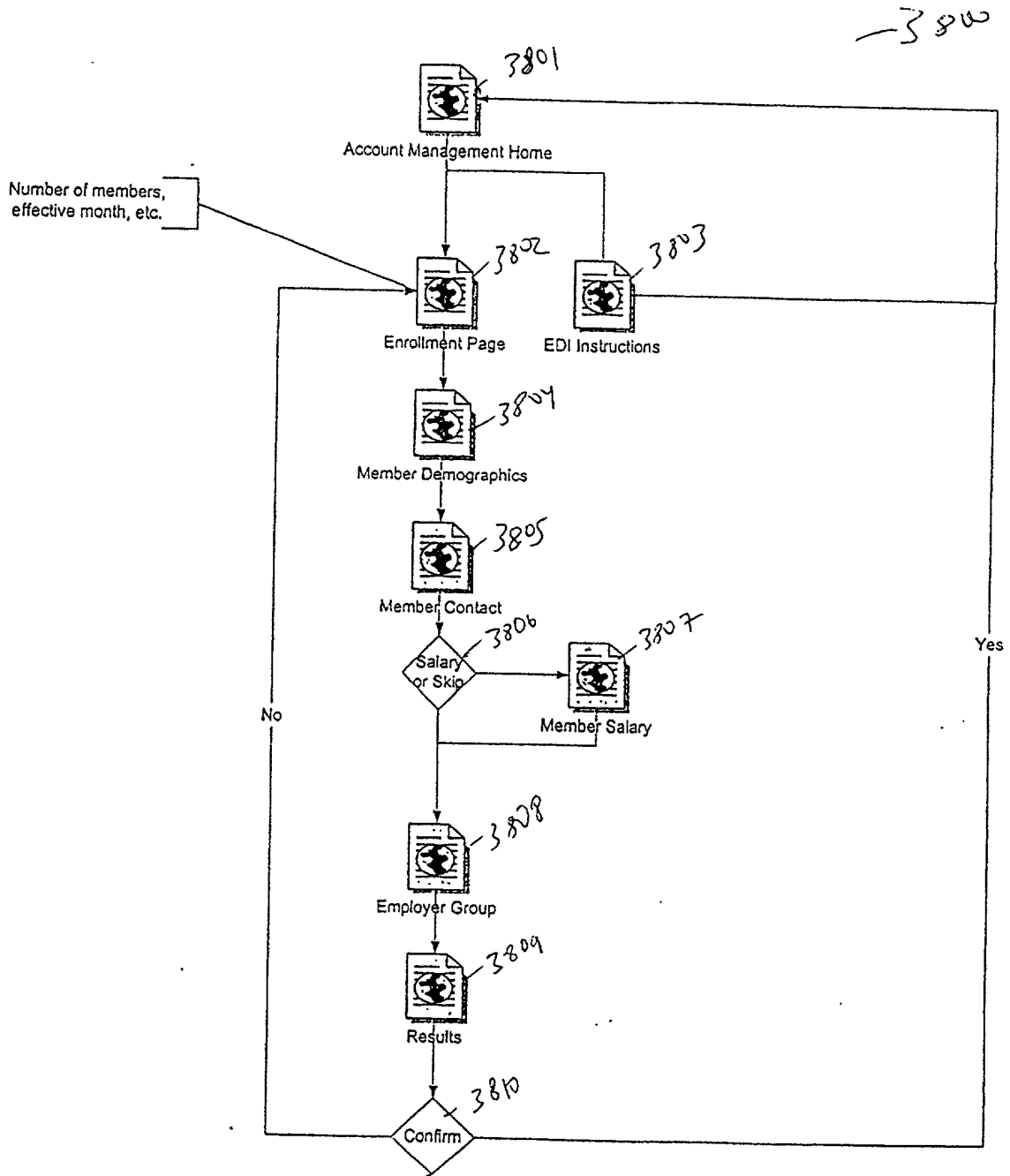


FIG. 36

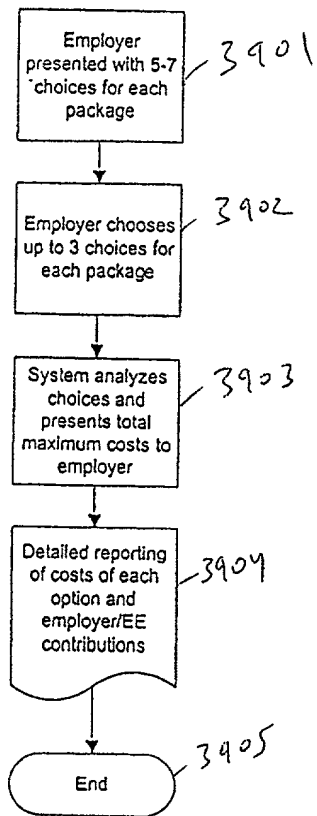


-3700

FIG. 37



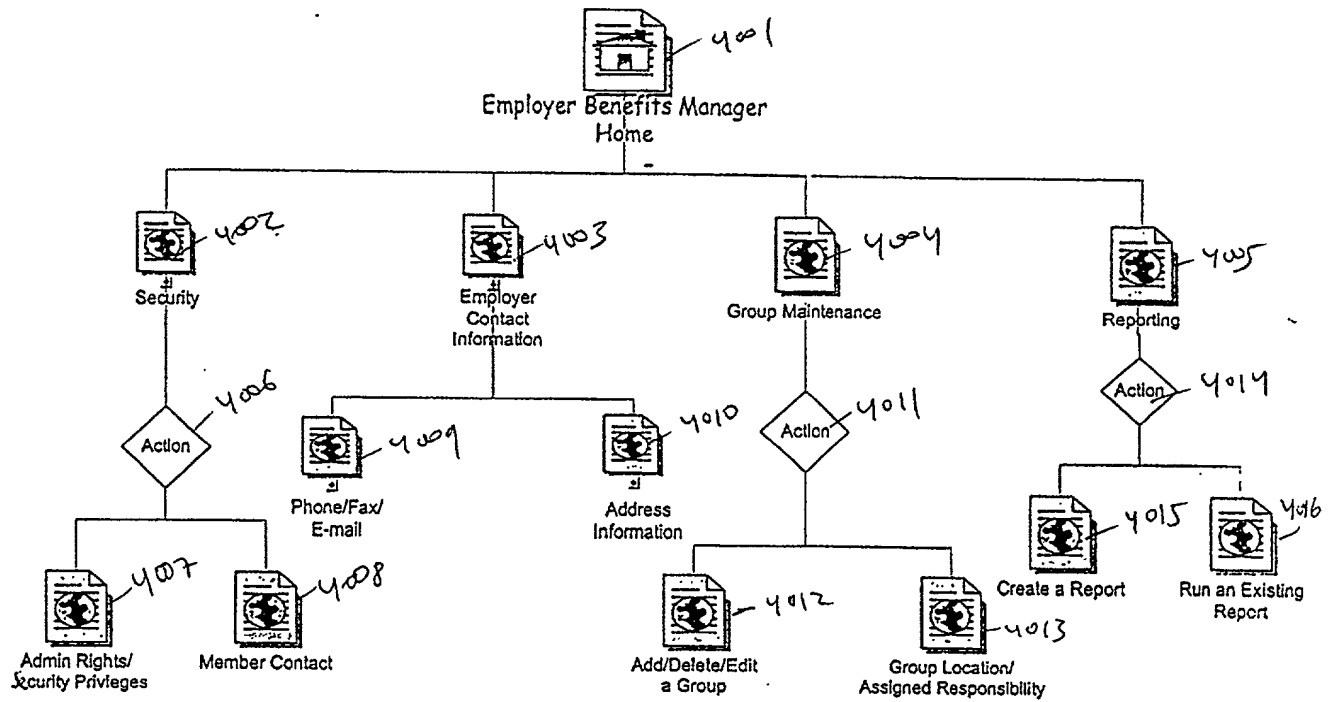
F16.38



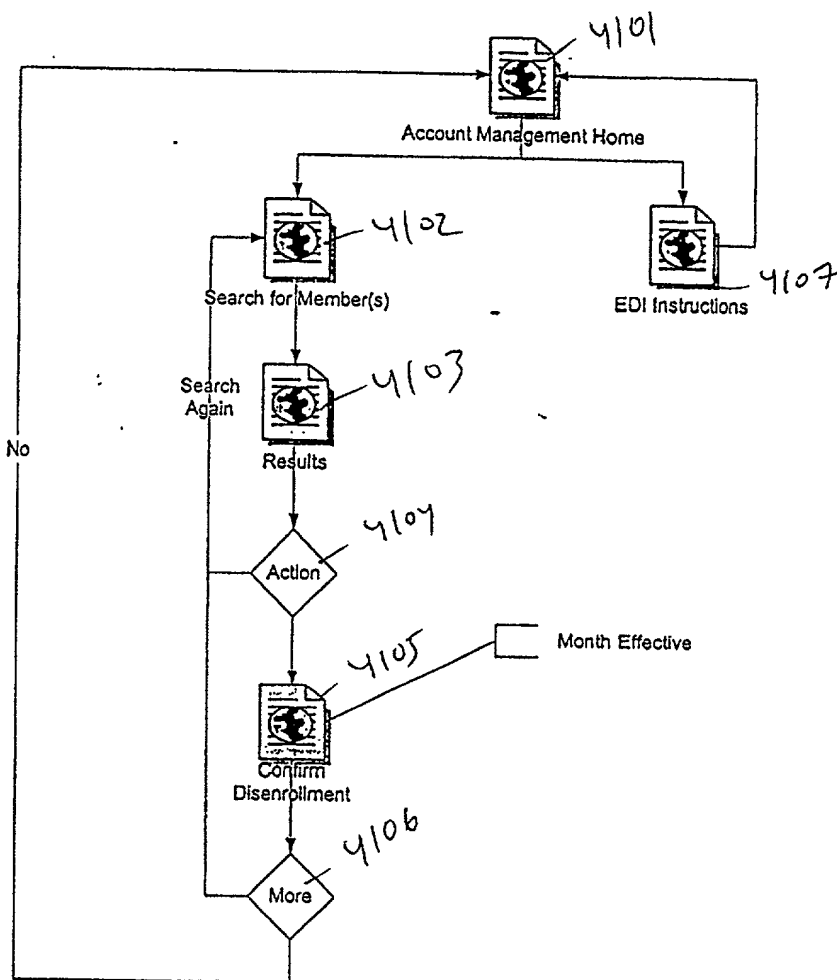
3900

F16.39

4000



F16.40



FILE 41

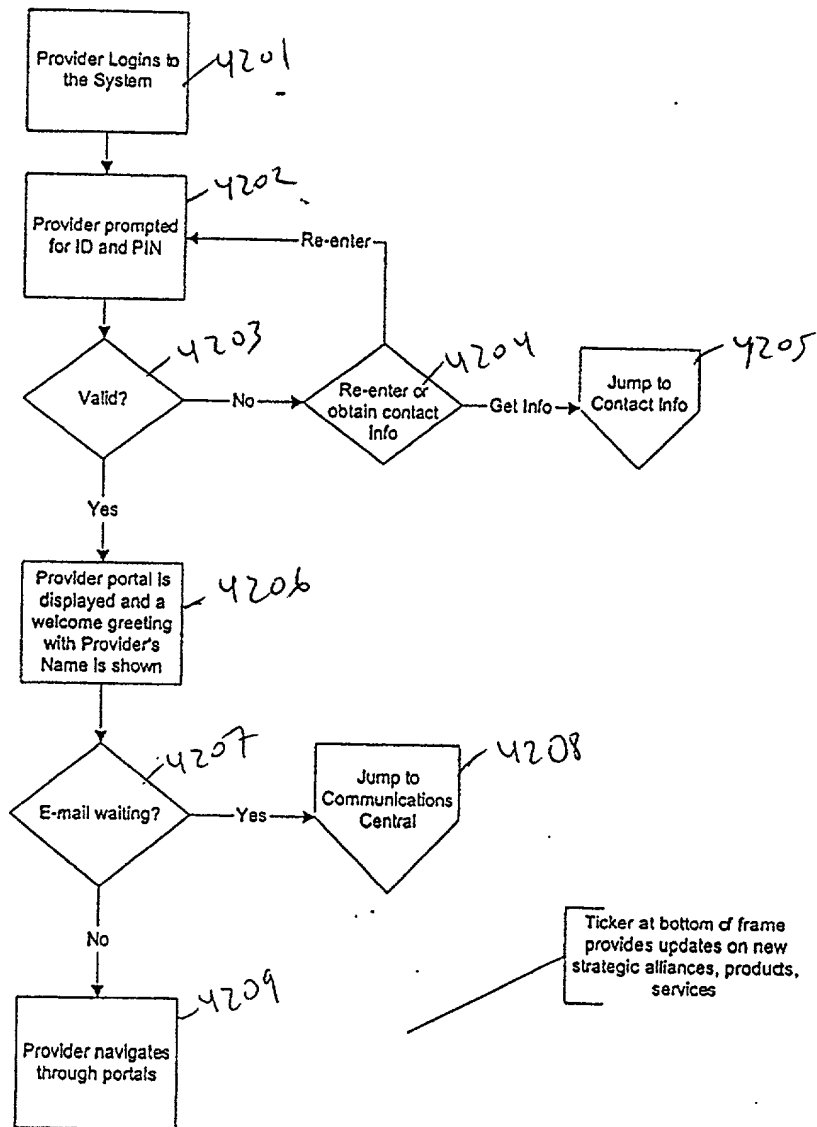
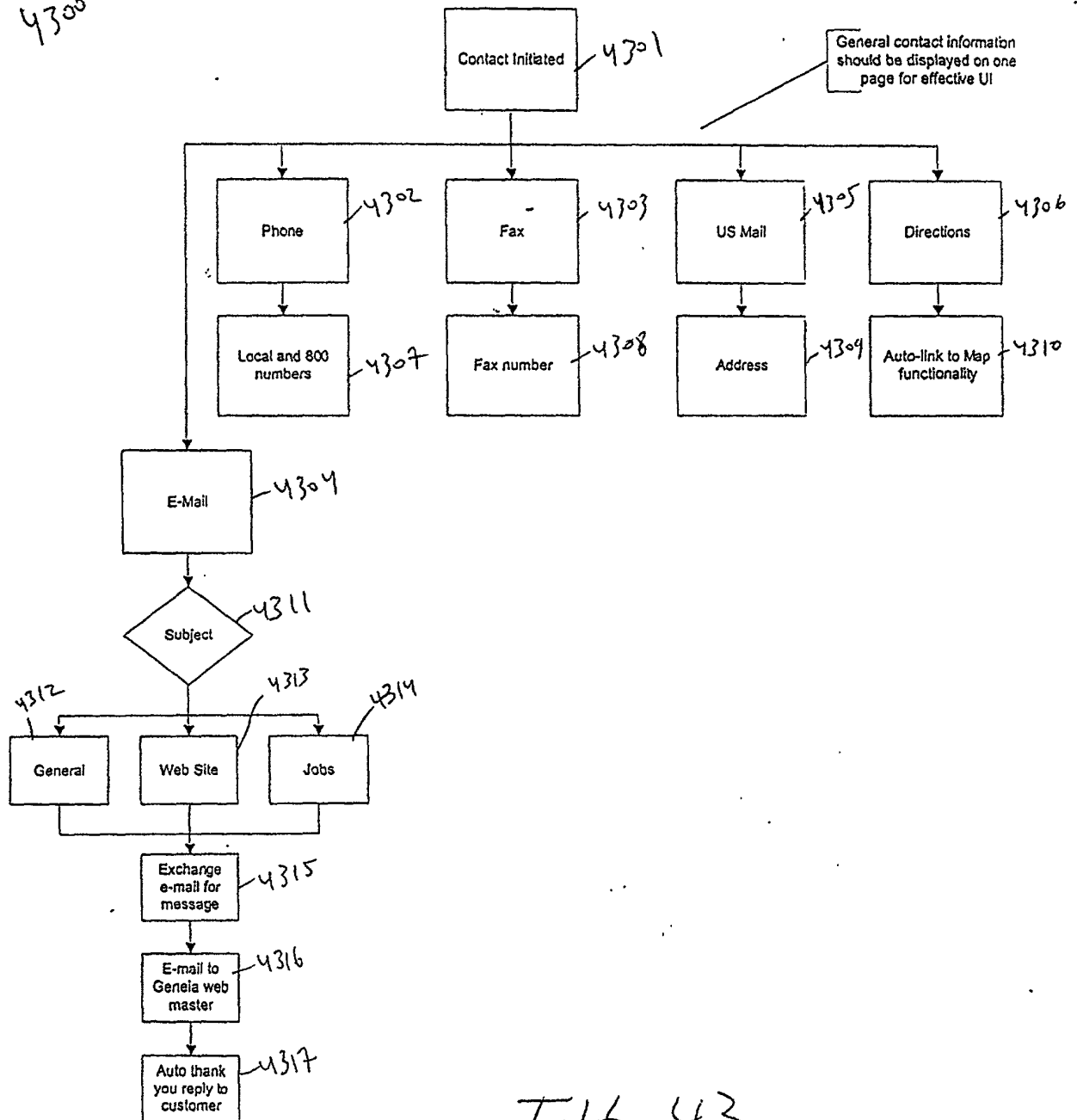


FIG. 42

4300-



F16.43

4400

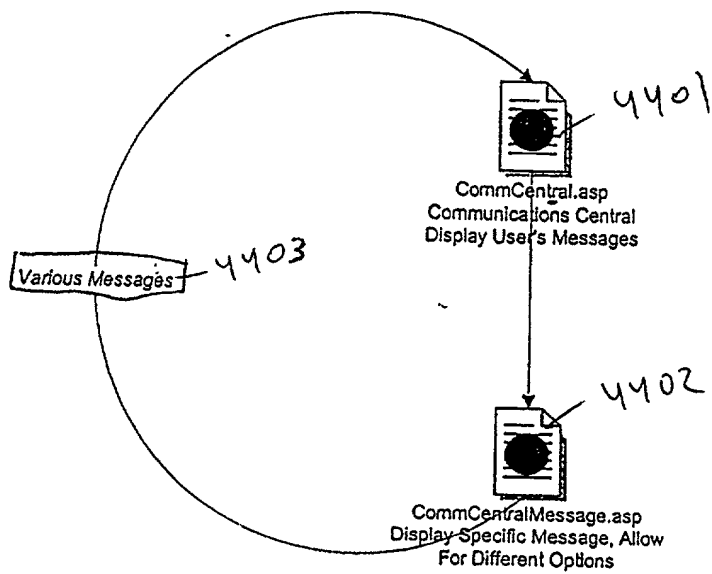


Fig. 44

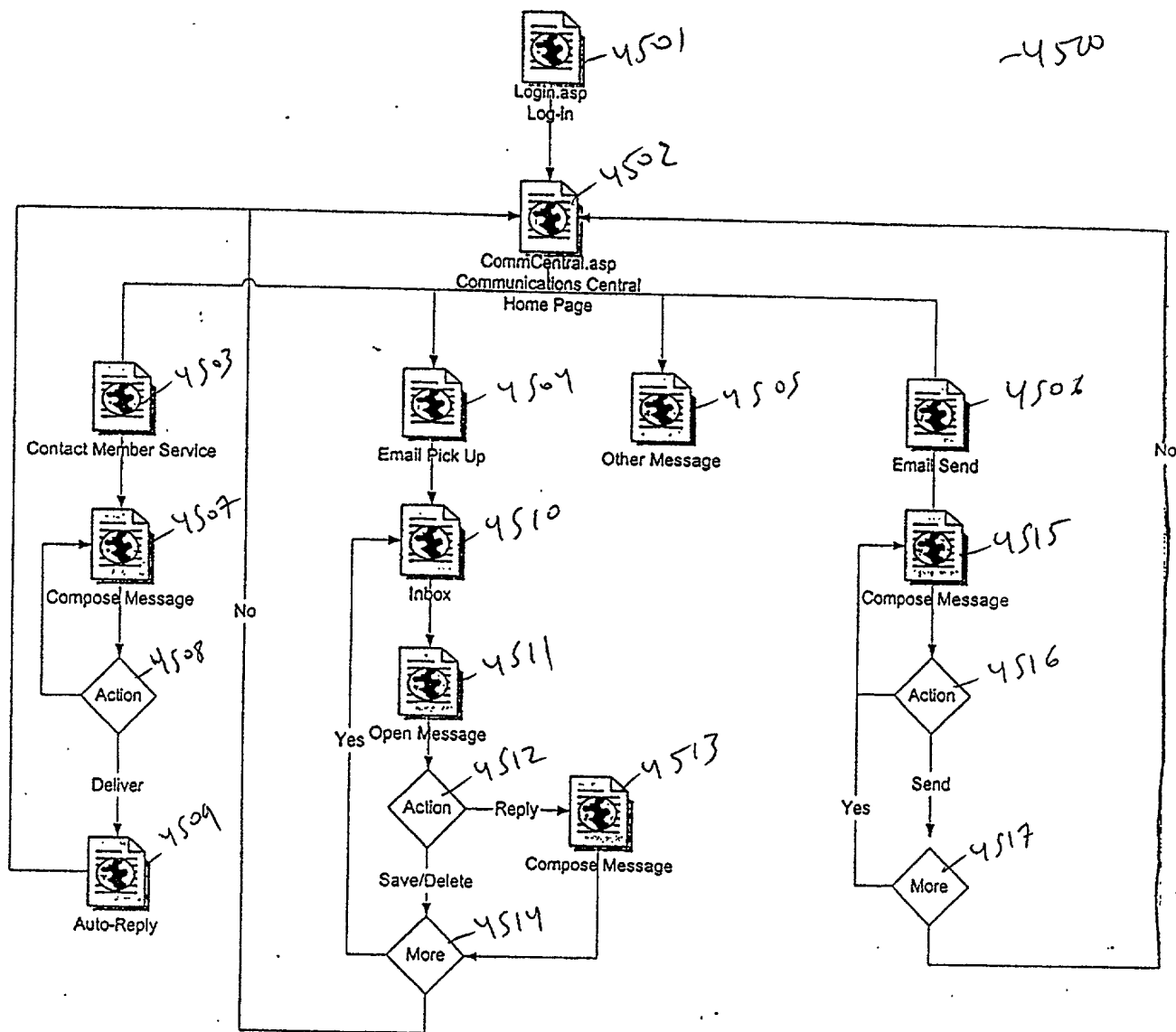


FIG. 45

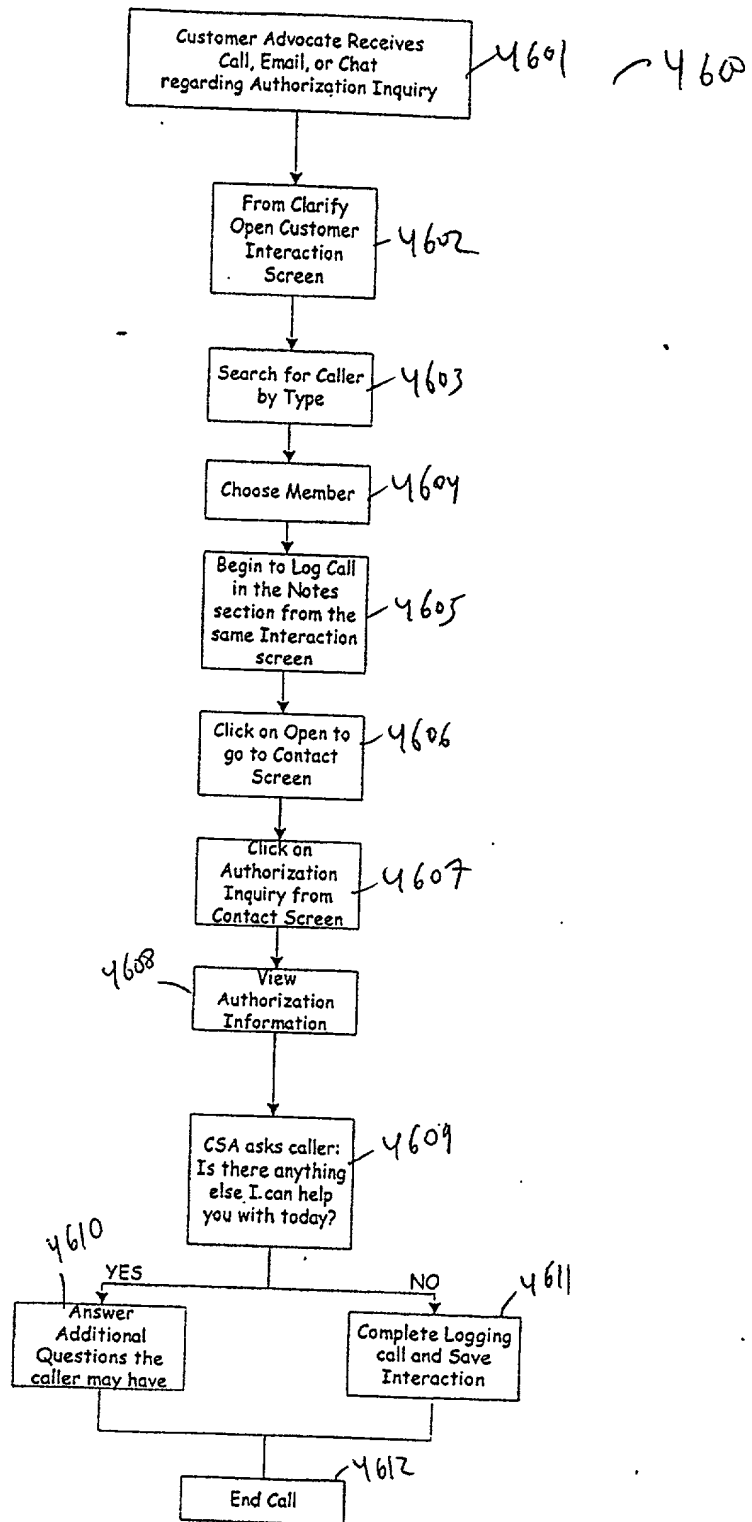


FIG. 46

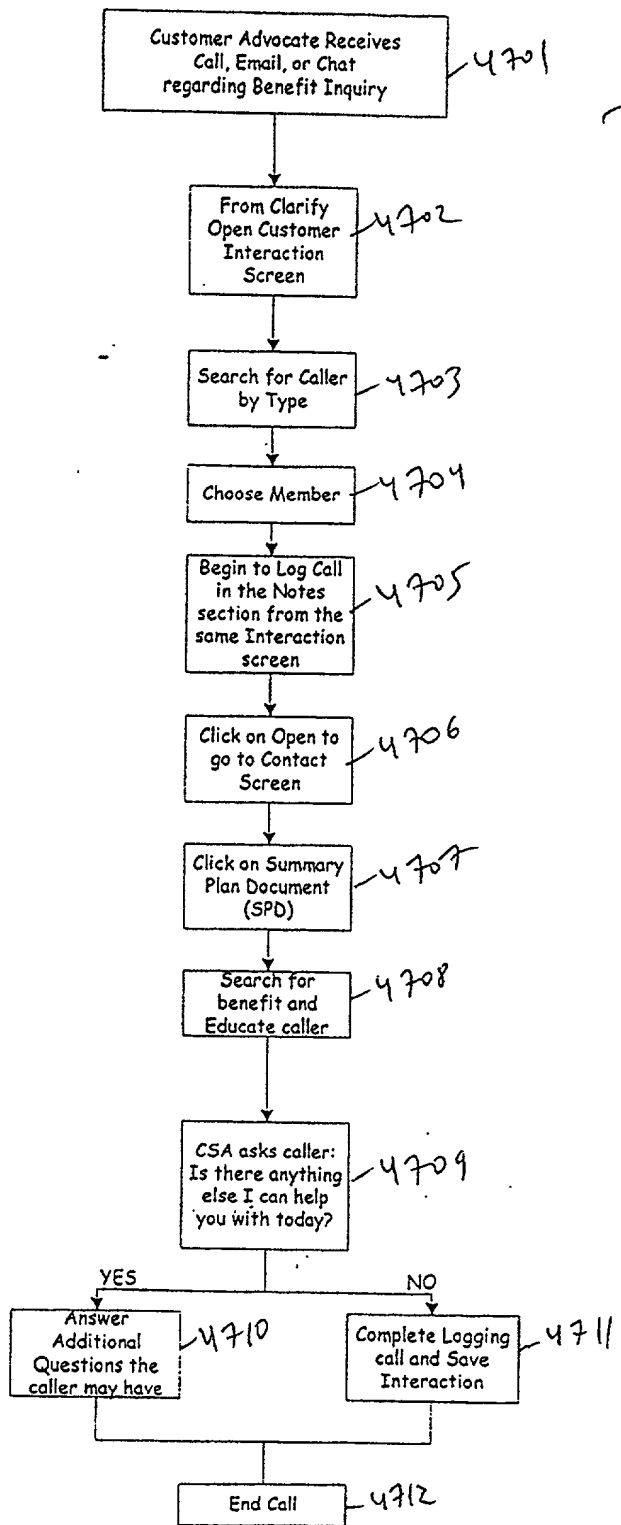


FIG. 47

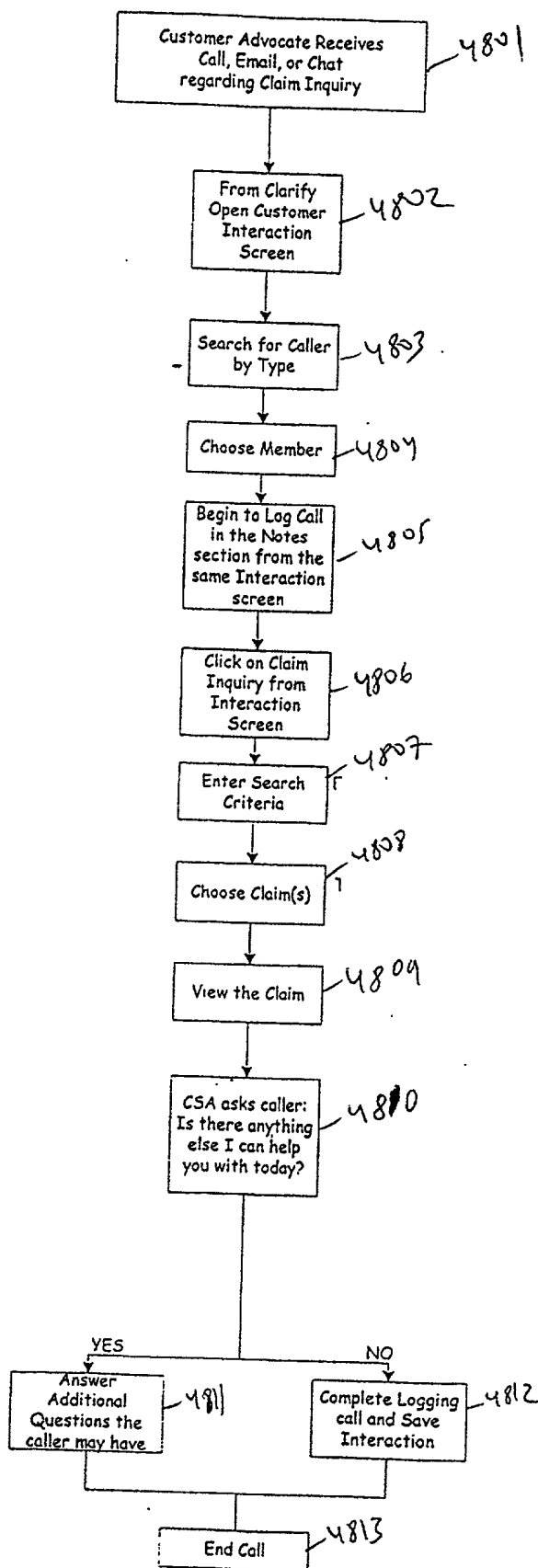


FIG. 48

FIG. 49

490

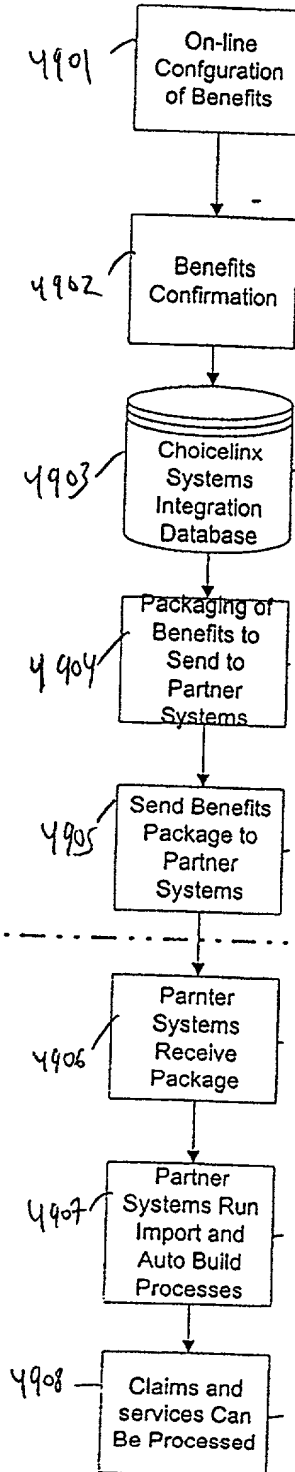


FIG. 50

5000

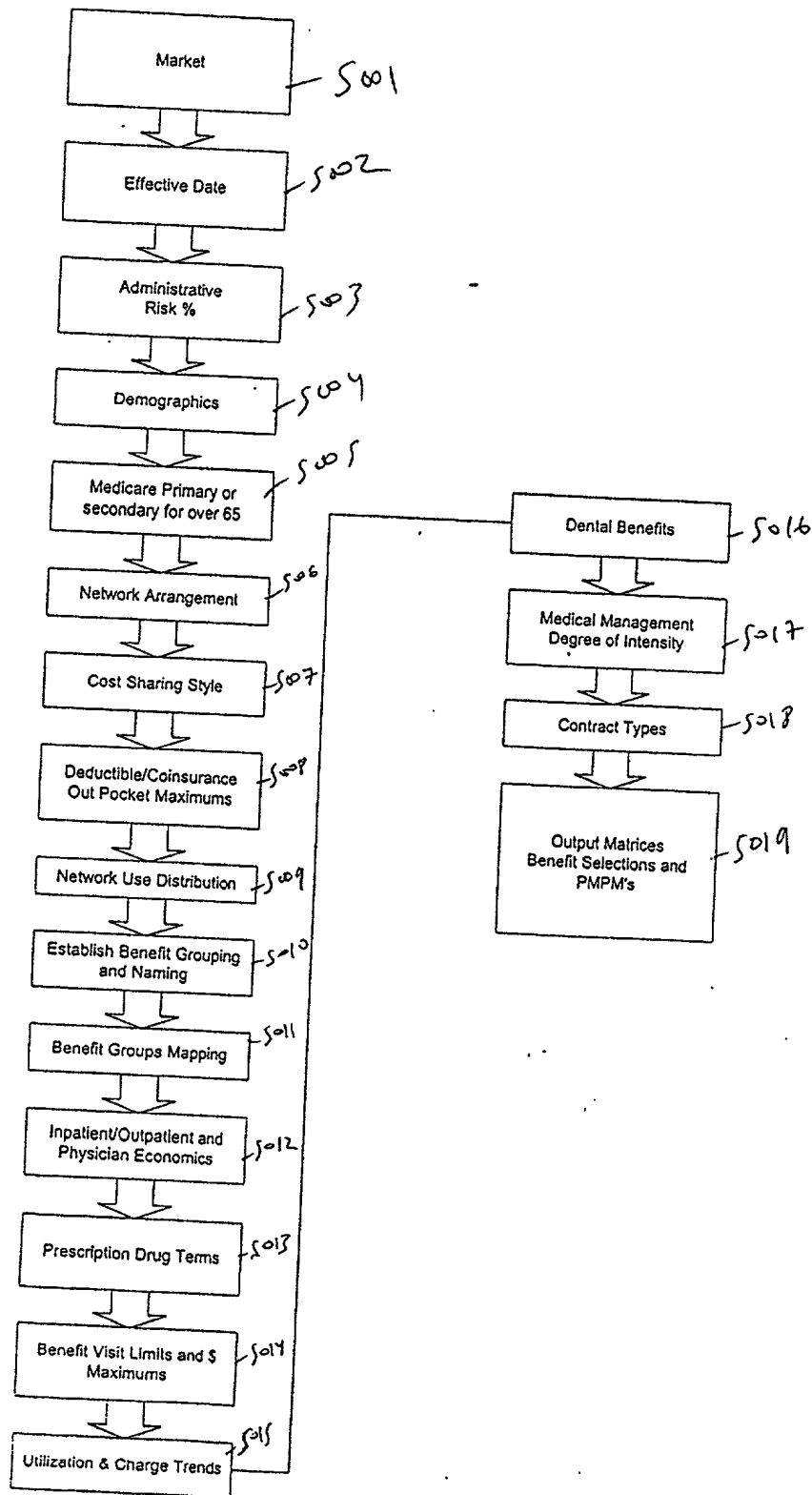


FIG. 51

— 5100

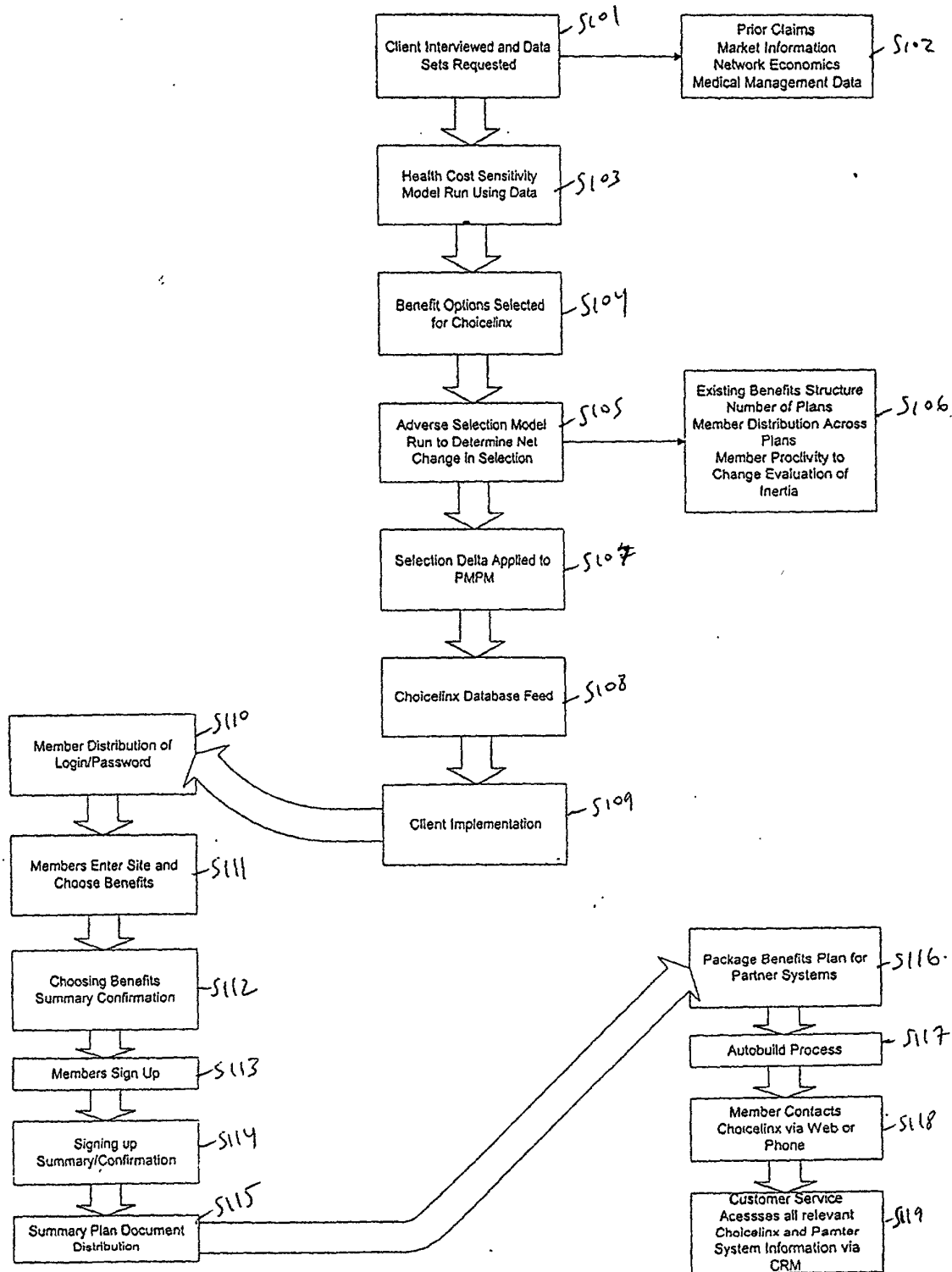


FIG. 52

-S200

